Working from the Heart
Contents

Features

06
WORKING FROM THE HEART
What does it mean to work from the heart? If you’re already doing a job that you love, chances are you found active support and encouragement for that career choice early on.

10
PARAMEDIC FROM EAST ENGLAND VISITS ATCEMS
A couple of weeks ago Medic II Keri Cinquina had the distinct privilege of scheduling some ride outs for Paramedic Michael Rattigan who was visiting from England. He was very interested in how we do things here ATCEMS.

13
IMPROVING YOUR HEART ONE BEAT AT A TIME
Captain Neda Oskouee invites you to join the workout! Cadet academy PT is open for all ATCEMS providers. It is a great way to enjoy some early morning physical fitness, be a part of a motivated team and be a mentor for the newest members of our family!

14
ELLIOTT’S STAMPEDE
Division Chief Mike Elliott retires this month after 30 years of service with ATCEMS. He shares stories, advice and some really funny anecdotes with us before he rides off into the sunset.

18
“AMBULANCE DRIVER” [NOT]
Anyone who proudly wears an EMT patch and has heard the term “ambulance driver” has felt the sting of these two words. Medics willingly make the daily sacrifices and give 100% of their heart and soul to bring their skills, knowledge, dedication and compassion to those in need.

20
WHAT’S IN A NAME?
What is the difference between a manager and a leader? Can these terms really be used interchangeably? Who would you rather report to on a daily basis; the person who controls and manipulates resources, or the person who guides and directs?
A ‘CALLING’ TO SERVE

A thankful letter from a cardiac arrest survivor’s family member describes how they found strength and compassion during an emotionally traumatic moment.

COMMUNICATIONS CALL OF THE YEAR

As 2015 came to a close, the Dispatch Review Committee had the difficult task of choosing one call from those three Call of the Quarter winners. This was a difficult decision because each of these calls was exceptional, but in the end one call stood out.

YOUR PHOTOS

Catch a glimpse of your coworkers in action!

EMPLOYEE RECOGNITION

ATCEMS employees receive kudos, special thanks and congratulations for a job well done.

CUSTOMER SERVICE SURVEY

Results from the ATCEMS Customer Callback Program.
EMS for Children Day May 18, 2016:
EMS for Children Crew of the Year Nominations Underway

National EMS Week 2016 is May 15 thru May 21, and Wednesday, May 18, is set aside for National Emergency Medical Services for Children day. National EMS Week is an annual celebration of the dedication and commitment of EMS providers all over the country making differences in the lives of millions of Americans every day. It also provides us with an opportunity to bring together EMS agencies and their local communities to focus attention on illness and injury prevention and raise awareness about issues important to the continued development and improvement of EMS and Trauma systems.

National EMS for Children Day places a spotlight on the delivery of high-quality emergency medical care for children, focusing on the unique needs of critically ill or injured pediatric patients and the challenges faced by EMS professionals in meeting those needs. Hundreds of communities around the nation are planning special events to honor the men and women who provide emergency care to our children and to raise awareness about safety and prevention and the ongoing need to improve and expand specialized care for children in the prehospital setting.

In honor of EMS for Children Day 2016, the Texas EMS for Children State Partnership is now accepting nominations for the seventh annual EMS for Children Crew of the Year Award. This award is granted to an EMS crew or station who has displayed outstanding care for a child in an emergency medical or trauma event, demonstrated exceptional effort in the development of pediatric training or quality improvement programs, or was instrumental in planning and conducting creative injury prevention programs.

Recipients will receive, individual certificates of appreciation, and a plaque for their station or crew quarters recognizing them as champions in the emergency care for children in Texas.

To submit a nomination for the EMSC Crew of the Year, please send the following information to EMSC Program Manager Sam Vance by March 31, 2016.

1. Names and titles of crew members
2. Agency or organization with contact information
3. A brief (500 words or less) description of the event or program and why you feel this crew deserves special honor and recognition
4. Your contact information (will not be disclosed without your permission)

Sam Vance at Samvel.Vance@bcm.edu
Program Manager
EMSC State Partnership, Texas
1102 Bates Ave, Suite 1850
Houston, TX. 77030
www.bcm.edu/pediatrics/emsc
Want a FREE 1-year membership?

City of Austin employees are invited to attend a 1-hour safety and educational course at a B-Cycle Station to earn a free one-year membership to Austin B-Cycle!

Why Bike?

- Reduce Congestion
- Improve Health
- Improve Air Quality
- Save Money
- It’s FUN!

How it Works:
1. Sign up for one of many course times/locations on TRAIN.
2. Attend the 1-hour course at a nearby B-Cycle Station.
3. Register your membership and go ride!
Nobody is born knowing what they want to do in life. We are influenced by a variety of factors: family, friends, teachers, emotional connections and trial and error from simply exploring new ideas and taking risks to see if it’s a good “fit”. If you’re already doing a job that you love, chances are you found active support and encouragement for that career choice early on.

Whatever you decide to do in life, do it with enthusiasm. If your heart is not in it, you are in the wrong job. If you are not working with all your heart, then you are wasting precious time you could be spending doing something that actually makes you happy. Ask yourself this: What do you really like to do?

But is there really a way to put your heart into any task or job? Passion is not magical. It is a natural consequence of finding a motivator that appeals to you. People put their 'hearts into their jobs' for a variety of reasons. Generally, you can group those motivators into four categories:

1. **Because they derive pleasure from the idea of being rewarded.** This is usually either through social encouragement or financial reward. Social encouragement means that people do a particular job because they like how people treat them for it. Financial reward, well, that really doesn’t need an explanation does it? However I will tell you that I’ve met many people who make lots of money doing what they do…and they admit it really doesn’t make them happy.

2. **Because they view their task as 'meaningful' in some sense.** People who volunteer for civic service generally fall into this category: they do it because they see themselves as fulfilling an important function.

3. **Because they derive pleasure from being good at it.** Most artists say they like making music or creating art because they’re good at it. Go figure?

4. **Because it can actually be fun.** Yes, a job can be fun. Activities can be engaging all by themselves.

Those who claim to lack passion for a task are really claiming they lack a way to make the task fit into what actually motivates them. The key answer here in determining passion is simple: find your motivator, and connect your task back to it.

Here’s a secret: You may not have a special passion to follow; but you can create passion. Passion is something that can be cultivated. Research shows that traits that lead people to love their work are general, and can be found in many different career paths. Focus on a career area that generally interests you and offers value to the world. The deeper you dive into it and the better you are at it, the more interesting it will become — and the more passionate you’ll be.

Here’s another little secret: Stop thinking! No matter how hard you try, you can’t determine what your passions are by thinking about it. You have to take action. Sign up for a class, try your hand at something new, volunteer for an assignment that’s out of your comfort zone — do anything that lets you dip your toe in the water. Through actual, hands-on engagement, you’ll be able to figure out what activities and situations light you up.
Now here’s something I hesitate to mention but it must be done: Following your passion might ruin it. Turning what you love into a career can ruin what you loved about it. You might love to bake, and your friends might regularly swoon over your cakes and tell you to open a bakery. But getting up at the crack of dawn every day, baking 100 cakes and pies, and dealing with difficult customers combined with the stress and finances of running your own business might have nothing to do with what you love about baking—and might sap the joy right out of it. For instance, I have always loved to cook and I’m pretty good at it. Does that mean I want to open a restaurant? No way! I simply find joy in cooking for my family and friends. So, before committing yourself to a passion plan determine if the daily work realities appeal to you.

Working from the heart and finding your passion is all tied up in figuring out what kind of life you want. What lifestyle are you striving for? What part of the country do you want to live in? How much money do you need to make? Instead of starting with a passion, try starting with a lifestyle you want to pursue. From there, work backwards to figure out what career options could help you realize your lifestyle goals. This doesn’t mean you have to ignore what you’re passionate about just put it into context.

Just one more piece of advice here...your passions can change. Life changes, and you might find yourself with different interests and passions at different stages in your life. So if you’re not feeling the buzz anymore, don’t be ashamed to go back to the drawing board. You can reinvent yourself but you should be realistic about where you are in life and where you’re likely to go.

Reinvention should be a natural evolution of your current skill set. Draw and build upon your past experiences and the knowledge you already have. Once you have some ideas try to test drive your new path by volunteering or networking in a new industry to make new friends and contacts, or taking some classes to develop new skills before jumping head first into a new career. Make sure the work really connects with your new identity.

Letting passion guide you may not lead to immediate achievement in a new career, but it will put you out there as someone who is excited and focused. An enthusiastic attitude attracts people who want to help open doors and opportunities for you. A support network of family, friends, and new (and former) colleagues is a very good thing when reinventing yourself. You’ll be less likely to give up when faced with obstacles.
Congratulations James Shamard
after 30 years of service to
Austin-Travis County EMS
RECOGNIZING YEARS OF SERVICE

Elizabeth Campbell 25 years of service

Gil Torres 15 years of service

Heather Phillips 15 years of service

Lupe Mireles 15 years of service

Robin and Dan Krasher 15 years of service

Thank You!
A couple of weeks ago I had the distinct privilege to schedule some ride outs for Paramedic Michael Rattigan who was visiting from England. He was very interested in how we do things here ATCEMS. Michael rode out with our medics on a field unit as well as with DC3 Commander Millie Zapata. Needless to say, he had a great time and couldn't wait to share his experience and what he saw here with his own service in England.

On the following page is an article Michael wrote concerning his experience with Austin Travis County EMS and how we do things. The article will be published in “Need to Know” an East of England Ambulance Service digital newsletter.

During his time here Paramedic Rattigan proudly presented Commander Zapata with a "shield" from his EMS department.

I felt it was imperative to share his story with our fellow team members allowing you the opportunity to see our service through another's eyes.
"Austin EMS is about the size of Cambridgeshire, with 37 full-time ambulances and five peak load units. They are ideally crewed by a double paramedic crew. (In comparison EEAS, has 30 ambulances spread over 8 stations with 12-13 RRVs, 2 HEMS) The EMS system works slightly differently there, with individual units stationed all over the region to provide cover, whereas Cambridge have crews at 3 centralised stations and 5 outlying stations. Cambs has 3 main hospitals to bring patients to, whereas within Austin EMS there are twenty. They also have the Fire Department who will attend calls with them depending on the category (Cardiac Arrest, CVA, etc). The Fire crew’s may not only assist with patient assessment, but will also help with logistics and patient handling etc. The fire crew are not all paramedics but they do work closely with the EMS providing a great resource when dealing with time critical patients and specifically at a cardiac arrest, where they work all work together to provide the best level of care for the patients utilising ‘Pit Crew CPR’.

The ambulances are more or less the same as ours, apart from being bigger ("everything’s bigger in Texas", is the favored saying). However, some of the older ones have a manual method of loading the trolley cot in. The new ones have a lift mechanism which pulls the cot in, unlike ours which have the tail lift. They don’t have anything like the Man-gar Elk, they will utilize manpower (or rather fire crew power), despite having similar issues to us of patients picking the smallest places to collapse in.

Equipment is much the same, although they have the Zoll ‘M’ series, as opposed to our Corpuls. They do have some very interesting pieces of equipment. A type of CPAP is used by clinicians on the road which is found to be of great benefit for many patients with breathing problems. The ResQPOD, and a Bag Valve Mask (BVM) which has a valve on it to reduce over inflation and hyperinflation give a benefit in cardiac arrest. They also have a lot of extra drugs which they can use autonomously, especially in cardiac arrest, (magnesium, lidocaine and sodium bicarbonate). LUCAS is utilised at most cardiac arrests and following ROSC, they use cooled fluids to induce hypothermia, which has helped them to get about 30% of patients with ROSC on arrival at A&E. In fact in 2013 they had a 50% survival to discharge rate.

I was very fortunate to also be able to have a visit to CTECC (Combined Transportation, Emergency & Communications Center), equivalent to our Emergency Operation Centre. However where we have independent centres for each of the services, they have everyone under one roof, indeed all on the same floor, enabling direct instant communication between each other. As they have transportation (equivalent to our Highways Agency) staff there as well with big screens showing the traffic flow on major roads, they also have a potential for visual interpretation of scenes before crew’s arrive."

This is a link to the similar data on our trust http://www.eastamb.nhs.uk/about-us/area-profile.htm and this link is to our weekly 'info page' called 'Need to Know' http://ntk.eastamb.nhs.uk/
Any Given Day – On Saturday, January 30th, 2016 our media colleagues at KEYE-TV recognized the amount of incidents ATCEMS and our public safety partners were responding to from @ATCEMS tweets and created an unsolicited web article informing the public of the great work we do. We wanted to share what we thought was a nice acknowledgement by KEYE-TV of your hard work!

Traffic wrecks and rescues tie up Austin first responders Saturday

By KEYE-TV Saturday, January 30th 2016

AUSTIN, Texas — It’s a beautiful Saturday in Austin, Texas and that means people will be out and about. But just because it's clear outside doesn’t mean motorists can relax on being watchful, courteous drivers.

Several major wreck and rollover calls prompted Austin Travis County EMS personnel to respond Saturday.

Some notable wrecks were seen at 9905 Brodie Lane where an under aged female was taken to Dell Children’s Medical Center and a 40’s aged male was transported to University Medical Center Brackenridge with serious but not expected to be life threatening injuries.

A separate wreck involved a motorcycle and multiple other vehicles at the 9600 block of S. IH-35 just around 2:45 p.m. Saturday. The final update being a 50’s aged male, motorcycle driver being taken to University Medical Center Brackenridge with serious but not expected to be life threatening injuries.

A third vehicle incident call came out shortly after the S. IH-35 collision about an elderly woman who had fallen at the 1300 block of Philco Drive in south Austin.

This time an 80’s aged female was rescued after falling off a path into a creek bed. Rescuers were able to make contact with that patient and transport her to South Austin Medical Center with serious but not expected to be life threatening injuries.

This along with other rollovers and minor traffic accidents tie up our first responders' time and efforts. Be sure to say thanks next time you see EMS, Fire fighters, or Police as they are out there working hard to keep the public safe.
Physical Training (PT) in the academy is structured and challenging for any fitness level. The purpose of PT is to not only improve the health and fitness of the cadet but to also encourage team building and personal accountability that will inspire the cadet to continue physical fitness throughout their career here at Austin-Travis County EMS.

Physical training consists of a balance of aerobic conditioning as well as weight training. In the first week of the academy, a VO2 aerobic fitness assessment is performed on each cadet. That information is recorded and the assessment is repeated at the end of the academy to evaluate fitness improvement. Most cadets show a significant increase in their aerobic capacity and overall fitness.

Each week PT consists of intense aerobic exercise including long distance runs, sprint runs, interval runs, and tower stair climbing. Weight training is incorporated in at least 3 out of the 5 days of training. Weight training is performed in a circuit routine with dynamic lifting, focusing on conditioning and building functional muscle groups essential in EMS. Weight training includes weight bearing dynamic squats, core strength and muscle endurance routines with upper body training using dumb bells, medicine balls, and kettle bells. Callisthenic exercises are also a large part of the everyday PT routine including plank variations.

Cadet academy PT is open for all ATCEMS providers. We welcome and encourage all medics to join us in our daily PT workouts. It is a great way to enjoy some early morning physical fitness, be a part of a motivated team and be a mentor for the newest members of our family! There is nothing better than a motivated team to help push yourself to achieving a better fitness level and improving you heart health. All PT is held at the Public Safety Training Center on Shaw Lane from 6:30-7:30 every weekday morning.

Hope to see you all soon!

If you have any questions please don’t hesitate to contact me at Neda.Oskouee@austintexas.gov
Well, I never thought this day would come. And not in a ‘thankfully it’s over’, but more of a ‘has it really been that long’? Has it really been 30 years and 5 months that I started this career, a word which wasn’t even thought of in the EMS world? But yes, my career with Austin-Travis County Emergency Medical Services will come to an end at the conclusion of February 2016. I join the ranks of many great men and women who left before me and the many who remain behind to carry on with the ever-changing and challenging task of taking care of the citizens and visitors of Austin and Travis County.

My foray into the EMS world began in 1982 while attending Texas A&M University (can I get a whoop!) when I took my first EMT course. My professor, Laura Kitzmiller, who was instrumental in the careers of many current medical professionals in the Central Texas area, always said to have fun and provide good medical care. And I took that to heart by always saying, “I’m going to work as long as it’s fun” to those who asked how long I was going to stay. And I kept and met that goal.

While at TAMU, my EMS experience was one year as an EMT with the Texas A&M Emergency Care Team, a volunteer student organization that provided medical standby services for intramural sports and other student organizations, and two years with a fledgling, but rapidly evolving volunteer student ambulance service. We provided BLS 911 responses to all A&M properties from 0700-2300. Eventually we grew and transitioned to a 24/7/365 ALS EMS service, which continues today.

When people ask me, “what’s the strangest call you’ve been on”, I have a choice of two, one G-rated and the other X-rated. My time at Texas A&M EMS provided me with the G-rated call of my career. I was a probationary medic (‘probie’ is the term we used but we can’t any more due to an increase in the occurrence of exacerbated emotional sensitivity syndrome, or EESS) and was sitting in the squad room. We had a 911 ringdown phone answered by University Police, but we could listen in. This was WAAAAAYYYY before MPD and pre-arrival instructions. I’ll never forget the words I heard, “…man attacked by a lion” at the large animal clinic. So we jumped into the ‘ambulance’, a 1970 something station wagon with a stretcher, oxygen and some bandaging and splinting supplies; and two rotating beacons for a light bar and woo woo’ed the mile or two to the vet school. Did I mention that we wore the Orange EMS smocks????

Indeed we had two patients who were attacked by a full sized adult male African Lion. No serious injuries; just some puncture wounds from the canine teeth that you could put two fingers inside. Nothing a little cleansing, suturing and a course of antibiotics couldn’t fix. And stink!!!! I never thought lions smelled that bad. But then I had never been that close to one before. Oh, and sadly the lion didn’t fare as well as his humans. They had to dart him.

So that’s my G-rated call of the career. Now for the X-rated one. Just kidding. This has a G-rated audience. So like most young kids interested in public safety, I too, was a volunteer firefighter with the Brazos County VFD. Yes, I had a magnetic mount teardrop red light and a siren installed in my car. A 5-speed stick, inline 4 cylinder Toyota Corolla hatchback (insert much laughter here). After graduation, I stayed the summer in The Woodlands at my parent’s house. I was interested in both Austin EMS, as they had just been named EMS system of the year in 1984 and Montgomery County Hospital District (MCHD) EMS because they used Braun ambulances and those were the coolest at the time. During this time, I joined The Woodlands FD as a volunteer and did some ride outs with MCHD EMS. I was torn between what each service offered. I asked the Fire Chief for advice and was told, “Austin EMS has and will have more opportunities for advancement.” And my mind was made up.

September 15, 1985 I began my career in Austin. After two painfully boring days of new employee orientation by the City, I was assigned to Aid 12 with Tom Bryan and Pauline VanMeurs.
So you ask, what is an Aid 12? Well back in the good ole days, and may I dare say in the not too distant future, they were BLS units staffed with at least 2 EMTs. Our ambulance was a high-top Ford Econoline van. And man, could they fly!!!! The tenured staff members will remember these, so for you young’uns out there, the speedometers had a needle that started in the lower left at zero and would wrap to the right as you got faster. Well in the lower right corner was the number 100. One would think the needle would stop there. Oh no!!! As you headed around back towards the zero, there were the letters ‘MPH’, exactly between the 100 and the zero. Not saying that I ever did it, but I heard that they would go ‘P’ MPH!!

So this hot shot EMT with three years of college student EMS experience comes waltzing in like he knows what he was doing in the big city EMS. First call out of box, with a field evaluator (Sharon Boatwright) which one or two of y’all will understand, was a pediatric febrile seizure. Did I mention that my whopping three years of experience was from college students? I didn’t know which way to turn, what to ask, why I was there, nothing. Needless to say, my evaluation form was less than stellar. But it was the best thing that could have happened to me. I got knocked off my high horse and realized I had A LOT to learn. So it was back to the books, watching, listening, not talking, and learning. Every call was an opportunity to learn and improve. Every experience today is an opportunity to learn. Training and experience happen every day.

So, after a rough start, and thanks to two awesome partners, I eventually was cleared. And how did I find out I was cleared? I received a phone call at 0800 the morning I was to get off from Unit 40, the shift commander, and heard these words, “Congratulations, you’re cleared. Now I need you to go work a 24 OT shift at Aid 6.” Yes, Aid 6 was as busy then as it is today.

For the next four years as an EMT, I chose the busiest trucks, predominately Aid 6 and Aid 12. I was young, loved the excitement. Who needed sleep!!! My busiest 48 hours was a Friday at Aid 6 and a Saturday at Aid 12. 50 hours and 48 calls later, my busiest day(s) at Austin EMS was in the books. Eventually, I felt I mastered the art of being a pretty dang good EMT and it was time for change. Some of our Senior Paramedics decided to start a business and offered a paramedic certification course. Not many remain from that class, but it was the perfect opportunity to get the coveted ‘red patch’. And there are some stories to tell from that class. Just ask Jeff Hayes!!! Somehow we all made it through and started the process of preparing for the ‘Ronny Taylor’ paramedic test and the Dr. McCallum mega-code. Those were two of the hardest, most comprehensive tests I had ever taken. But successful completion of them and there was NO doubt you knew your stuff.

Paramedic clearance was equally as non-standardized as the EMT clearance. My partners at Medic1, Alan Boutwell and Howard ‘Radar’ Rader, managed to provide me with the expertise and knowledge I needed to successfully clear. So how did I find out I was cleared? First was trying to stay ahead of Ronny Taylor on a complex allergic reaction on an anesthesiologist. But the final piece was taking care of a complex cardiac patient all the way from a house off of Pinehurst Dr., by Onion Creek, which was in the country back then, to Seton hospital. Where he promptly went into cardiac arrest and subsequently died in the ER. So not thinking I’ll be cleared this shift, I am surprised I am told how I did everything right for the patient and that I am immediately cleared. And then I get 24 hours of OT and Medic 1!!!!

OK, this is getting long winded and you’re probably tired of hearing about the past. My old Chief was correct, there would be many opportunities for me at Austin. Four years as a paramedic and it’s time for a new challenge. Welcome to STAR-Flight and all the fun that brings. Crammed into a little Bell Jet Ranger with the patient’s feet are where the co-pilot should sit to doing Bambi bucket fire operations and water insertions into Lake Travis in the workhorse Bell 412. I remember a hot August afternoon at a multi-patient collision on Loop 360. I remember the pilot telling me, “Have them move the police car a mile down the road to block traffic.” I complied, not fully understanding why. When we lifted off, got into a hover about 10 feet off the ground, and began screaming down Loop 360 still at 10 feet off the ground, I realized we needed to get forward air speed in order to take off.
Combination of near max gross weight, hot air and no wind. Water rescues from the 412 were especially exciting as we were the first resource to arrive. There were no ESDs and no fire boats and even no Sheriff’s boats after about 2300 hrs. Search for the “it sounded like two boats collided” scene and then jump into the water and swim to the accident. No hoist operations; either short haul to shore or commandeering a citizen’s boat.

In conjunction during this time was my rescue junkie days. The Technical Operations Team (TOPS), now known as Special Operations, was established due to need to get medical personnel to the side of the patient regardless of their location; water, cliff, or HazMat. Multiple years at the Annual Rescue competition at Garner State Park with many first place victories. I believe I may have become a patient on one or more of the scenarios, but my memory escapes me. That is what happens when you get old; or is it just selective? Mikel Kane can answer those questions. And ask him about oxygen!!!

OK, back to me. About every four years it was time for something new. On to SpecOps District Commander. Then to the SpecOps/HazMat support role; my first foray to the 40 hour, office job. And lots of meetings. And meeting the people from other departments that I have grown and learned from and learned with and advanced with to this day. The world of terrorism sealed my niche and led me to my current position (well by the time you read this, maybe past position) in Emergency Management.

So people often ask, “What do you do”? Very simply it is everything that doesn’t have to do with vehicles, radios, and putting people on ambulances. It is exercise planning. It is spreading the capabilities of the Department into the region’s and the State’s eyes. It is about making us known to as many people I can. Tell them we have the best EMS service around with the best staff anywhere. True, it is not for everyone, but it was for me.

After 10 years, yeah not the usual four, it is time for me to work at bigger things. I have reached maximum potential at ATCEMS. I will fail at retirement the first go round as I have accepted a position with DSHS through the Heart of Texas RAC out of Waco as the Emergency Medical Task Force Region 7 Coordinator. I will be responsible for all disaster related medical aspects; ambulance strike teams, mobile medical units, nurse strike teams and pharmacy caches in Region 7, which covers from Hillsboro to Hays County to Brenham to San Saba.

Just a few words of advice;

- This is a job, you can make it as fun or as miserable as you want
- The calls will happen at the MOST inconvenient time possible and you can’t change that
- Go on the calls, provide good medicine, and BE NICE. You can provide the best medical care, but the family will only remember that you were “mean”
- Leave on your terms not someone else’s
- Remember why you started this career; the tools are there to help your brain, not the other way around

It’s been a great career at ATCEMS, but it’s time for the next big adventure. I will see some of you in further adventures down the road. For those I don’t, I wish you the best, I thank you for your dedication to helping the best and worst people in the worst situation of their lives and making a difference. Look for those opportunities the Department has to offer to grow and learn. You might surprise yourself at what you have inside.

Mike Elliott

Just for fun….the very talented Clemente Leal wanted to create something uniquely commemorative for Chief Elliott’s retirement and the idea of an album cover just seemed to fit. Zoom in and check out the song titles on the back cover!
Mike Elliott
Highwayman

featuring Mike Kane Chuck Morrison Frank Urias

She Thinks He's My Hunter's Sexy
I Bought You Julees
Men Takes Her Clothes Fall Off
You're The Only People I've Ever Loved
Sharing My Blood With You
8 Seconds On An Ambulance
Life As A Pager Jockey
Don't Defibrillate Me and Leave Me
Achey Breaky Heart
Don't Amputate My Love
Syringe Full Of Love
You Prate My Pains
Backward Brushes and Goofy Lickety
No Need To Stage, Come On In
There's A Tear On My Coat
I'm Clear, You're Clear, We're Clear
Being a medic is so much more than just a job...it is an identity and a lifestyle. Medics live to save lives 24/7; one cannot just switch off a responsibility that goes far beyond working hours.

Anyone who proudly wears an EMT patch and has heard the term “ambulance driver” has felt the sting of these two words. Medics willingly make the daily sacrifices and give 100% of their heart and soul to bring their skills, knowledge, dedication and compassion to those in need. They serve our community day in and day out, at all hours of the night and on every day of the week.

At the most critical times in your life a medic will likely come to your rescue. Never afraid, never hesitant, they quickly size up the scene, assess the situation, make a firm yet rapid decision and act immediately. Medics confront the daily challenges of putting the pieces of an incomplete puzzle together to do what is best for a patient. They solve riddles and “connect the dots” in life and death situations expeditiously while using precise actions and skills to positively impact the patient.

Prehospital Medicine requires more than just will-power; staying calm and making quick decisions under pressure, handling critical patients in singular as well as multiple casualty incidents, dealing with panicked bystanders and operating in unforeseen, at times dangerous, circumstances are critical skills in this profession.

Medics go about the business of saving lives, often without fully realizing the difference they may actually make in hundreds of lives every day. Their touch extends beyond that of a patient; they also touch the lives of a patients loved ones be it a wife, husband, mother, father, child, or friend.

A medic’s daily environment consists of madness and mayhem. They routinely meet the needs of those in peril by bringing control to chaos, understanding to confusion, and comfort to the fearful. They can deal with a multi-victim trauma, coax a terrified child out from under their bed, and comfort an assault victim and their family.
They may extricate and lift a 300 pound intoxicated patient from wreckage in the pouring rain, or console a grieving mother as they perform CPR on a child. These are just a few examples of the everyday life of a medic.

Medics are required to maintain top mental condition at all times while routinely running on interrupted sleep and half-eaten meals. They are devoted to the job they do and hope that they make a daily difference in peoples lives. Providing someone with another chance at life, watching an accident victim walk again, or seeing a smile upon the face of a once lifeless soul are the rewards they receive for their efforts.

Medics dedicate their lives to this profession missing many special occasions, memorable moments and family milestones to care for their community. Please remember this the next time you hear the term “ambulance driver”.

These men and women deserve our respect and the proper acknowledgment as a medic.

**Ripple Effect**

A crowd gathers and watches the rapid movements of a medic whose quick actions
And precise yet gentle touch
pulls a lifeless child from the wreckage
and breathes life into her.

The scene becomes an image
imbedded in their psyche,
an indirect interaction with bystanders
who are touched in some fashion
by the heroic scene unfolding in front of them.

When your path crosses another
in silence, a glance or a touch
you are irrevocably changed by the interaction.
These exchanges are like the soft touch
of iridescent butterflies
aligned on the back of your hand,
barely discernable.
Subconsciously you are touched
by seismic activity rocking your world
fissuring into your very foundation
and setting you onto a new path.

What you take from that touch
and the path that you walk
will change you...and those around you
setting into motion a ripple effect.
I assume that everyone is familiar with the William Shakespeare play “Romeo and Juliet”, and also with many of the quotes from that play. The quote referenced in the title reads: “What's in a name? That which we call a rose by any other name would smell as sweet...” Raise your hand if you agree. Think about the adage “You say [toe-may-toe], I say [toe-mah-toe].” A particular thing is a particular thing, regardless of what you call it. This is true. Or is it?

**Manager:** 1) a person who has control or direction of an institution, business, etc. 2) a person who controls and manipulates resources and expenditures.

**Leader:** 1) a guiding or directing head, as of an army, movement, or political group.

This is not going to take long because for those of us with the attention span of a hummingbird with ADHD, we are probably not sticking around for the long articles. I think most of us have heard this before, but it really deserves some thought and discussion. What is the difference between a manager and a leader? Can these really be used interchangeably? Here's the real question you should ask yourself: based on the definitions provided above, who would you rather report to on a daily basis; the person who controls and manipulates resources, or the person who guides and directs?

We find ourselves in situations every day where another person places their care in our hands. This could be a patient, our kiddos, our partner, or employees who have been placed in our trust. And although past experience, education, amount of sleep, call volume, etc., all play roles in our attitude and personality, we have ultimate control over whether we approach situations as a leader or a manager. Sometimes, the situation forces our hand. Sometimes, we may have to be a “manager” to accomplish the task, while at other times being a “leader” will bring about the quickest, most beneficial results. Embracing the idea that these are different and knowing to change our approach are the first steps in gaining the trust and respect of others.

I am not proclaiming myself to be an expert on the matter. I'm just a squirrel trying to get a nut in this crazy world. My intention here is to stir some thoughts and let you decide for yourself.

Food for thought. Enjoy the meal.
Randy Trinkle Perseverance Award
Special Operations Captain
Field Paramedic

Randy was accomplished in medicine, technical & water rescue, confined space and many more disciplines. There are only a few who could match the various abilities that Randy mastered in his career. Randy embodied the essence of a Rescue Hero. This heroism is not based on the number of lives he rescued or saved but the number of lives he changed.

“RIGHT ON”

Xavier Mokarzel Valor Award
EMS Dispatcher (City of Austin)
Ex-Marine, Avid fisherman, Friend to everyone he ever met.

Xavier said that around September, "when the aspens are turning and it’s cool at night, he’ll make a final journey to Taos”. From a high bridge over the Rio Grande, he said, his ashes will be scattered over the gorge. “I’ll feel I’m home again”.

Humanitarian Award
Field Paramedic,

Mike was from Lincoln, Nebraska, and avid Husker fan.

Mike was a pleasure to know and work with!
Dedicated to his profession, and cared for his patients with compassion.
Co-worker, Friend and Brother!
Salmon: Salmon and other fatty fish such as sardines and mackerel are the superstars of heart-healthy foods. That’s because they contain copious amounts of omega-3 fatty acids, shown in studies to lower the risk of arrhythmia (irregular heart beat) and atherosclerosis (plaque build-up in the arteries) and decrease triglycerides. The American Heart Association recommends eating fish and preferably fatty fish at least twice a week.

Oatmeal: Oatmeal is high in soluble fiber, which can lower cholesterol. "It acts as a sponge in the digestive tract and soaks up the cholesterol so it is eliminated from the body and not absorbed into the bloodstream. It is recommended to avoid instant oatmeal, which often contains sugar, and heading instead for old-fashioned or even quick-cooking oats. Other whole grains such as bread, pasta and grits are also good for the heart as long as they still contain the entire grain.

Blueberries: Not just blueberries, but strawberries and other berries as well. According to one recent study, women aged 25 through 42 who ate more than three servings of blueberries and strawberries a week had a 32% lower risk of heart attack compared with those who ate less. The authors of the study attributed the benefit to compounds known as anthocyanins, flavonoids (which are antioxidants) that may decrease blood pressure and dilate blood vessels.

Dark chocolate: Several studies have now shown that dark chocolate may benefit your heart, including one in 2012 that found that daily chocolate consumption could reduce nonfatal heart attacks and stroke in people at high risk for these problems. The findings applied only to dark chocolate, meaning chocolate made up of at least 60-70% cocoa. Dark chocolate contains flavonoids called polyphenols, which may help blood pressure, clotting, and inflammation.

Citrus fruits: Women who consume high amounts of the flavonoids found in oranges and grapefruits have a 19% lower risk of ischemic stroke than women who don’t get as much of these compounds, a recent study found. Citrus fruits are also high in vitamin C, which has been linked with a lower risk of heart disease. Beware of citrus juices that contain added sugar. And be aware that grapefruit products may interfere with the action of the cholesterol-lowering drugs known as statins.

Soy: Soy products, including tofu and soy milk, are a good way to add protein to your diet without unhealthy fats and cholesterol. Soy products contain high levels of polyunsaturated fats (good for your health), fiber, vitamins, and minerals. What’s more, soy may reduce blood pressure in people who eat a diet high in refined carbohydrates. And compared with milk or other proteins, soy protein can actually decrease LDL or "bad" cholesterol.

Potatoes: As long as they’re not deep fried, potatoes can be good for your heart. They’re rich in potassium, which can help lower blood pressure. And they’re high in fiber, which can lower the risk for heart disease. They are definitely not a junk food or refined carbohydrate.
**Tomatoes:** Tomato consumption in the U.S. has been rising and that's a good thing. Like potatoes, tomatoes are high in heart-healthy potassium. Plus, they're a good source of the antioxidant lycopene. Lycopene is a carotenoid that may help get rid of "bad" cholesterol, keep blood vessels open, and lower heart attack risk.

**Nuts:** This includes almonds, walnuts, pistachios, peanuts and macadamia nuts, all of which contain good-for-your-heart fiber. They also contain vitamin E, which helps lower bad cholesterol. And some, like walnuts, are high in omega-3 fatty acids. Some people in the past have avoided nuts because they're higher in fat, but most of the studies show that people who consume nuts daily are leaner than people who don't, and leaner people are at a lower risk for heart problems.

**Legumes:** Because they come from plants, legumes such as beans, lentils, and peas are an excellent source of protein without a lot of unhealthy fat. One study found that people who ate legumes at least four times a week had a 22% lower risk of heart disease compared with those who consumed them less than once a week. And legumes may help control blood sugar in people with diabetes.

**Extra-virgin olive oil:** People at high risk for heart disease who followed the Mediterranean diet (high in grains, fruits, vegetables) supplemented by nuts and at least four tablespoons a day of olive oil reduced their risk of heart attacks, strokes, and dying by 30%. Olive oil is a good source of monounsaturated fats, which can help reduce both cholesterol and blood sugar levels.

**Red wine:** Red wine, or small amounts of any type of alcohol, are thought to lower heart disease risk. (Higher amounts, more than a drink or two a day, can actually increase risk.) While some say a polyphenol found in red wine, resveratrol, gives that beverage an added benefit, research suggests that any type of alcohol in moderation works. As with coffee, though, none of these properties are a reason to start drinking alcohol. You can also get resveratrol from non-alcohol sources, like natural peanut butter and grapes.

**Green tea:** Long a favorite in Asia, green tea has grown more popular in the West and may bring with it significant health benefits. One recent study found that people who drank four or more cups of green tea daily had a 20% reduced risk of cardiovascular disease and stroke compared with people who "seldom" imbibed the beverage. The findings echo a previous study that found lower rates of death, including death from heart disease, among avid drinkers of green tea.

**Broccoli, spinach and kale:** Green vegetables give an extra boost to your heart. These are high in carotenoids, which are antioxidants and free your body of potentially harmful compounds. They’re also high in fiber and contain tons of vitamins and minerals. Kale also has some omega-3 fatty acids.

**Coffee:** Another widely consumed beverage—coffee—may also promote heart health. One study found a 10 to 15% lower risk of dying from heart disease or other causes in men and women who drank six or more cups of coffee a day. Other research has found that even two cups a day could lower the risk of cardiovascular disease and stroke by 30%.

**Flax seeds:** Flax seeds as well as the ultra-chic (among the health conscious) chia seeds are high in omega-3 fatty acids. That's one reason they're good for your heart. Another reason is their high fiber content.

**Avocado:** These soft, tasty fruits have a well-established reputation for providing the body and heart with healthy fats. Like olive oil, they're rich in the monounsaturated fats that may lower heart disease risk factors, such as cholesterol. They're also high in antioxidants and potassium.

**Pomegranate:** Pomegranates contains numerous antioxidants, including heart-promoting polyphenols and anthocyanins which may help stave off hardening of the arteries. One study of heart disease patients found that a daily dose of pomegranate juice over three months showed improvements in blood flow to the heart. Ultimately, though, it's important to have variety in your diet.
EMS Dispatcher: Wendy Walker
Medic 9 Crew: John Costantino, Stuart Wiggin
Commander Roger Patterson

To Whom it May Concern:

EMS personnel often are blessed with a strong sense of “calling”. A calling to serve people in need of immediate medical attention, and in the process protect the patient’s dignity.

Our family experienced a critical incident on Monday, January 25th. Our son is fighting a blood disease that involves his heart. On the 25th, he lost consciousness when his heart shut down. 911 was called and the trauma for our son, his wife, children, and sister was overpowering.

Paraphrasing his sister, we acknowledge with gratitude the “calling” of your EMS personnel serving the Lakeway area:

“The EMS Dispatch operator was amazing—she kept both of us focused and on task—easy and clear to understand. She gave us very good directions and kept reassuring us that help was on the way. When I started to falter with my CPR counting at one point she said “Take a breath...OK, now start again”. Her strength gave me strength. Besides seeing the white light, his wife and me... it was the dispatcher’s voice he heard first.”

Although most of the adults in our family have been trained in CPR, we are reminded to renew our skills in providing help in the event of a critical incident.

With respect and appreciation of your entire staff.

SB

Roger Patterson, CMDR
John Costantino, MII
Stuart Wiggin, MI
This past year the Dispatch Review Committee created an employee recognition program in the form of the Call of the Quarter. In 2015 we identified 3 winners for Call of the Quarter. Calls were identified through Employee Recognition forms sent in by peers, kudos from OMD, Kudos from the public or other Public Safety Departments, or through the QA/QI Process. At the end of each quarter, the members of the Dispatch Review Committee voted on the call that they believed to be exemplary.

As 2015 came to a close, the Dispatch Review Committee had the difficult task of choosing one call from those three Call of the Quarter winners. This was a difficult decision because each of these 3 calls was exceptional, but in the end one call stood out.

Please join the Dispatch Review Committee in congratulating Dana Butler for being awarded Call of the Year for the outstanding job that she did on a Priority 1 water rescue. The caller had advised that their boat had crashed, they were still in the water sinking fast, one patient had been ejected from the boat and another two were pinned with two additional patients injured.

Dana began providing CPR instructions for the patient that had been ejected. Her caller became more frantic and advised that there were two patients who were not breathing. Dana continued to give instructions to the caller who relayed them to the two bystanders who were both doing CPR. Dana provided reassurance while trying to obtain information on how to best access the boat, giving instructions on how to care for the injured patients, and working with AFD dispatchers to try and get the mobile patients on to another boat before theirs sank. She remained calm and focused over the course of this 30 minute long call. Congratulations Dana on a job very well done!

You can nominate your peers for Call of the Quarter through the Recognize a Co-worker form located on Austinmedcomm.net
Pete Riefel & Jon Angelovich at Dawson Elem.

Mike Elliott and Ben Franklin

Commanders and Chiefs at the Captains Pinning & Swearing

Juan Hinojosa

Heather Baade and Shannon Cook at the COA Health Fair

Rebecca Morton & Royce McCabe

Cupcakes!

Diana Price & Ty Roberts
Eric Lancaster presenting at a local conference

Commander Temple Thomas served as a judge for the Austin Energy Regional Science Festival

Doug Arnold & William Gervais at United Methodist Church for show-n-tell

Boy scouts visit M17 crew

Art Cordova

A gathering of Chiefs during MLK day parade

Austin/Travis County EMS

- Celebrating 40th year of service
- Serves Austin, Travis County, parts of Hays and Williamson counties.
- 1100 Square miles
- 37 full-time ambulances, 4 part-time ambulances (1100-2300 every day)

Eric Lancaster presenting at a local conference
Employee Recognition

Above & Beyond

Galen Wasem and Jackie Quiles at M33, went to the apartment complexes in the Mueller Development and mapped out pre-plans with access points and elevators and obtained key fobs where they could. This should help us get to our patients quicker and easier! Nice work!

Heather Baade, MI

Kudos to EMS Communications

Medic Haley Fleming
for her outstanding management of an extremely challenging 9-1-1 call. Special thanks to Adam Johnson for bringing this to our attention.

Haley received a 9-1-1 call reporting a woman in labor. In fact, the woman delivered an approximately 25-week gestation baby while Haley provided instructions to the caller. With the help of a distraught caller, Haley was able to determine the premature baby was in cardiac arrest. She quickly and calmly began instructing the caller to perform CPR on a cyanotic premature newborn. At the same time, she worked to get additional location information from the caller. Because the patient was located in an area that was difficult to identify and access, Haley had to provide continuous CPR instructions to the caller for nearly 12 minutes. Haley accomplished these things while remaining calm, focused, and respectful. Her persistence with the caller resulted in critically important pre-arrival instructions giving the baby the best opportunity for a positive outcome. While listening to a recording of Haley’s work, I was impressed by how well she maintained her composure.

Katherine Remick, M.D. Interim Deputy Medical Director

Kudo's

Freddie and Kendall
Thank you for your calm, compassionate care when you treated me and took me to South Austin Hospital Friday night. I don’t remember a lot about it but my sister mentioned several times how patient you both were about explaining the effects of dehydration and the reason for transport. Going by stair chair, stretcher and ambulance was a lot more comfortable than having my sister drag me down the stairs by my ankles and roll me out to her car – easier for her, too!

You two give EMS a really good name.

Catherine Rockwell

Farewell

Dru Marshall, MI-cadet
Ellyn Lobato, MI Comm
Leila Adell, MI

Thank You

A sincere thank you to Medics Diana Price and Ty Roberts for their time in assisting Lanier High School Student Serena Flores with pictures and information for a report she will be doing on EMS and submitting to a state competition. Their professionalism, patience, and support of Serena’s project was greatly appreciated.

Mike Benavides, Commander-PIO

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Katherine Remick, M.D. Interim Deputy Medical Director
Congratulations to the following individuals who have achieved promotion to the rank of Captain:

Stephen White   Eric Lancaster   Matthew Pearson
Peter Israel   Bret Burke   Nick Baker
Melissa Hall   Timothy Fuentes   Tammy Mezayek
Johnathan Milburn   Geoffrey Winslow   Gabriel Webber
Matthew Daves   Christa Stedman   Paul Mallon
Matthew Schickel   Angela Carr

MORE ACHIEVEMENTS

Rick Branning   EMS Compliance Officer
Maria Valenzuela   Ambulance Billing and Coding Representative II
Kevin Parker   Special Events Commander
Aaron Maxwell   Transfer over to function as DMO
Bonní Castro   Ambulance Billing and Coding Representative II
Amber Price   Community Health Paramedic
Michael Sasser   Community Health Paramedic
Jordan Crouch   Training Academy
Paul Mallon   Continuing Education
Trevor Burrier   Continuing Education
Customer Service Response:

369 calls were made during **January**. The questions asked focused on measurable customer service actions.

**Customer Service Results**

Respondents were asked to rate the customer service provided by our medics on a scale from 1 to 5, with 5 being the best. 82.80% of the patients rated the customer service they received at a 5 and 13.98% rated their service at a 4. The average rating overall was 4.76 out of 5 for customer service.

*The response we obtained from our customers is evidence of the great medics we have and the tremendous job you do each and every day.*

**Patient Comments:**

- “Their demeanor was very calm and very comfortable, I complemented them on that, and their sense of humor, as we both found a little humor about it. Please give these guys recognition for their great service.”

- “They let me make a lot of decisions, especially with moving me around, as I was in a lot of pain. I believe Brian was the medic's name who took care of me and he was really careful and good to me.”

- “They explained everything to me very well. Their attitude was caring and concern and I appreciated that. They talked with me and there was some humor also, that made me feel better.”

- “They were both very nice, and gentle, made me feel comfortable. It was my 1st ambulance transport.”

- “They were really nice, had really good attitudes. They were careful with getting me on the gurney.”

- “They were so very nice and professional, and I think they did everything right. They looked so young, but they were just wonderful.”
Attention AFD and EMS employees. Join us for our Functional Fitness workouts Monday-Wednesday. These workouts are designed to increase your strength, endurance, flexibility, power, speed, coordination, and balance. Each class will include a dynamic warm-up, structured workout and cool down. This class include will focus on teaching proper form on all functional exercises. The workouts can be scaled to tailor each individual’s fitness level.

FIRST-IN FIT
A Functional Fitness Class for AFD and EMS employees.

MONDAY-WEDNESDAY
10:00-11:00am
Wellness Center
517 Pleasant Valley Rd.
Blast from the Past...young Elliott

CONTACT US WITH YOUR SUGGESTIONS REGARDING...

♦ EMPLOYEE RECOGNITION
♦ PHOTO CONTRIBUTIONS
♦ WRITING A GUEST COLUMN
♦ STORIES FROM THE FIELD/COMMUNICATIONS
♦ ANYTHING YOU FEEL IS RELEVANT, HAVE A PASSION FOR, OR SOMETHING WE MIGHT HAVE MISSED.

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