

# EMS Update

An Emergency Medical Services Learning  
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## Paramedics pedal their way to give emergency medical care

**M**EDIC EMS, the 911 ambulance provider in Davenport, Bettendorf, and north Scott County, Iowa, has developed and implemented the state's first BIKE MEDIC program.

A staff of 23 MEDIC EMS employees voluntarily ride local bike paths during daylight hours. They ride bikes on the Duck Creek bike path connecting Davenport and Bettendorf, and on the Mississippi River bike path throughout the summer," says Mark Postma, executive director, MEDIC EMS, Davenport.

The BIKE MEDIC program runs each Memorial Day weekend through Labor Day. MEDIC employees have logged 2,150 miles and 307 hours of riding time in the program since it was launched in May 1997.

"The BIKE MEDICS act as a safety resource for bikers. We saw a need for this, where there have been safety concerns on the bike paths," says Postma. "This is also a fitness benefit to our employees."

Uniformed, off-duty paramedics each spend two hours a week patrolling nine miles of bike path on mountain bicycles purchased by



MEDIC and equipped with first-aid supplies.

The BIKE MEDIC program began with a group of employees who wanted to ride bikes on the bike path for the summer.

Kevin Greenley, EMT-P, supervisor, and co-director of the BIKE MEDIC program says, "The main value of the program is safety

*BIKE MEDIC, Randy Beaston, NREMT-P, at right, observes the crowd at an annual arts festival, in the Quad-Cities. The BIKE MEDICS, equipped with first-aid supplies, can move through crowds easily to give timely medical care during public events.*

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# Bikes

**BIKE MEDICS, Kevin Greenley, NREMT-P, right, and Jerry Sottos, NREMT-P, paramedics with MEDIC EMS, far right, volunteer their time offering medical assistance on the Davenport bike paths.**

promotion. Fortunately, the injuries we have encountered on the bike paths have not been serious—mainly scrapes.

"This is an extension to deliver EMS services," he says. "Most importantly we carry cell phones to page an ambulance if needed. We can start medical care while waiting for an ambulance."

Last year, the BIKE MEDICS acted like first responders and gave only basic emergency medical care. The state of Iowa just recently authorized them to operate BIKE MEDIC as paramedics.

"The BIKE MEDIC volunteers are licensed paramedics, and as of June 1, Iowa now allows them to practice advanced medical care," says Postma. "With the change, the BIKE MEDICS move to a non-transporting paramedic level."

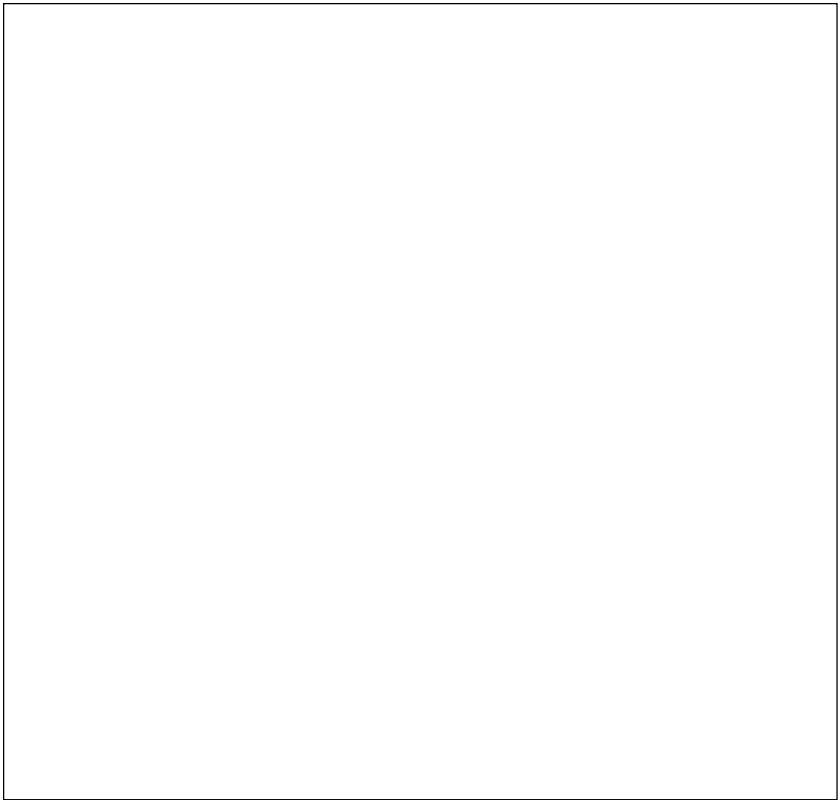
"The patients and community will now receive advanced life support care in a very expeditious manner," adds Postma. "This will greatly enhance advanced life support care in a large group setting."

The BIKE MEDICS now carry intravenous needles and fluids, an automated heart monitor and defibrillator, a limited amount of drugs, advanced airway equipment, a small canister of oxygen and other prehospital supplies.

"Much of the medical equipment and supplies you see on an ambulance will be on the bikes. That is a heavy bike," he adds.

The bikes on the bike paths are not response units. If the BIKE MEDICS come upon an injury on the paths, they treat them accordingly. But if someone calls in an injury from a bike path, the bike units are not dispatched to the path.

"The paramedics volunteer their time cycling along the bike paths in Davenport and are paid for special events," says Postma. "Two BIKE MEDICS ride at a time during the summer special events which draw



large crowds. Some of those include the Quad-City Air Show, Quad-City Times Bix-7 Race, Bix Festival and 20-mile Father's Day bike ride which runs throughout the Quad-Cities along the Mississippi River."

They were in demand last year at the hot, muggy Bix Race and Festival. BIKE MEDICS responded to numerous cases of heat exhaustion and other emergencies. Postma says those events were very busy with the BIKE MEDICS having 20 patient contacts during the Bix weekend and 12 at the Quad-City Air Show.

Minus sirens, each of the three bikes is equipped with a bell to alert people in crowds. The BIKE MEDIC program ensures timely medical care at events with large, crowded areas.

"The accessibility of getting through crowds is a lot quicker on a bike, which is reassuring to the patients if an emergency should arise," says Greenley. "It's difficult to get an ambulance through a crowd, whereas we can get through easily. Unlike on the bike paths, the bikes at the special events are used as response units."

Nurses and physicians from local medical centers set up medical tents

during the Bix Festival and the Air Show events. Heart monitors, defibrillators, IV solutions, thermometers and other supplies are also available at the medical tent.

Last year, 22 BIKE MEDICS participated and 32 more have expressed interest this year. Some hadn't been on a bike in several years and needed a refresher course on how to safely ride a bike.

"Now, each spring, the BIKE MEDICS take an Effective Cycling course where they learn basic bike maintenance such as changing a tire, and replacing the chain," says Greenley. "They also learn bike safety and practice riding through crowds, stopping, and passing."

BIKE MEDIC members give Dairy Queen gift certificates to bikers they see in the community who are wearing safety gear and following safe bike procedures.

This gift program is funded by the Davenport Surgical Group PC, a team of five general surgeons.

"People on the paths are reacting very positively to our BIKE MEDICS. I think seeing us out there gives them a feeling of security," says Postma. "It's just nice to see someone wearing a uniform go by."



**Mark Postma**



**Kevin Greenley**

# Hands-on learning vital for paramedic students

*Susan Alfini (far right) receives supervised, emergency care training from Dale Wallerich, RN, EMT-P, staff development coordinator, emergency care unit at Mercy Hospital, Iowa City.*

In addition to 10 weeks of intensive classroom instruction, students in the paramedic training program at the University of Iowa Hospitals and Clinics EMS Learning Resources Center also receive supervised, hands-on experience with a paramedic ambulance service and a community hospital.

"It's crucial for the students to receive the hands-on experience in a variety of settings," says Clark Christensen, EMT-P, EMSLRC instructor, and internship coordinator. "We appreciate the preceptor's participation. Besides arranging the schedules, the preceptors provide feedback to EMSLRC staff. They are very instrumental to the success of our paramedic program."

The paramedic students rotate through hospital operating rooms, emergency rooms, intensive care, obstetrics and gynecology, pediatrics and psychiatry for clinical experience.

"It's an advantage to the students if they can return to their hometowns for their clinical rotations and ride times," adds Christensen. "In addition to the hands-on learning, students who receive clinical and field experience can familiarize themselves with the personnel and system where they may be employed when they graduate."

Dale Wallerich, RN, EMT-P, staff development coordinator, Emergency Care Unit at Mercy Hospital, Iowa City, and paramedic student preceptor says, "It's imperative for the paramedic students to experience and participate in the entire spectrum of patient care. Their clinical rotations allow them the opportunity to observe and share in a wide range of patient care they might not be able to experience in the field. Therefore, the classroom and clinical experiences ensures the paramedic the opportunity to provide optimal care to their patients after graduation."

Pam Fincel, RN, director of the Emergency Trauma Center and Convenient Care, Finley Hospital,

Dubuque, Iowa, has worked with EMSLRC students for nearly 10 years.

"The clinical experience allows students to take the knowledge and apply it to patient care," says Fincel. "It is a supervised setting which makes it safe for both the patient and student."

The mentoring process is as important as the classroom education the paramedic students receive, Fincel says. "The preceptors stay on their toes because they have to know the technique and teach it. They can also get fresh ideas from the students."

Brett Bredman, EMT-P, medical supervisor, Waterloo Fire Department, Waterloo, Iowa, and also a preceptor for UIHC paramedic students says, "It's the field situations they are exposed to that prepare them the most for the real life paramedic situations. They are not in the sterile hospital environment with unlimited resources and personnel. They can apply what they will actually

be doing in the future.

"The ride time exposes the students to a potential employment opportunity and us as a potential employer. It also helps the student evaluate if they choose to work with a fire department, a hospital-based ambulance service or a private EMS agency."

Pat Gregg, EMT-P, EMS operations officer, Council Bluffs Fire Department, Council Bluffs, Iowa, also oversees EMSLRC paramedic students.

"I have always supported the idea to provide students the opportunity to ride. It's important not only to learn hands-on medical skills, but also, interpersonal communication skills.

"The medic assigned to a student can have a tremendous impact on their learning," adds Gregg.

"The students from the EMS Learning Resources Center paramedic training program have been excellent individuals to work with."

*Clark Christensen*

*Brett Bredman*

*Pam Fincel*

## Outreach paramedic program expands across Iowa

*Paramedic students in Carroll, Iowa, practice injections as seven other ICN sites learn simultaneously.*

The EMS Learning Resources Center's Outreach Paramedic Training Program began October 8, 1996 with just three sites connected via Iowa's fiber optic system. Interest in the evening 60-week course multiplied to eight sites with the second class.

The statewide Iowa Communications Network (ICN) enables students and instructors to watch and listen via two-way live voice and video communication.

Bill Fish, EMT-P, director for Carroll County Ambulance Service, Carroll, Iowa, is the ICN site coordinator for the Paramedic Training Program offered there.

Fish, a 1991 graduate of the EMSLRC's paramedic class says, "It's important to offer a program like this over the ICN. We have 14 first responder or ambulance services in our county."

Most of the Carroll County Ambulance Service personnel are

volunteer and have full time jobs. It wasn't feasible for them to go two hours to Omaha or Des Moines for paramedic training.

"We had people wanting to receive paramedic training who didn't have the access to a quality program with experienced speakers and instructors until now," says Fish.

Doug York teaches the class from the University of Iowa Hospitals and Clinics in Iowa City, a six-hour drive from Carroll, Iowa.

Reggie Gross, EMT-P, director, West Union Ambulance Service, 1992 EMSLRC paramedic graduate, and ICN site coordinator in West Union, Iowa, says, "Many of our EMTs were raised here and want to stay with their families. They can do that now and still achieve their goals to become paramedics.

"Ordinarily they would have to commute one and half hours to Waterloo or Davenport, two to three nights per week. That is a strain after an eight-hour work day."

The Outreach Paramedic Training Program is held one night each week with 310 classroom hours. The hands-on experiences include 200 clinical hours combined with 280 ambulance field experience hours.

## Fish receives governor's volunteer award

Governor Terry Branstad presented Bill Fish, EMT-P, director, Carroll County Ambulance Service, Carroll, Iowa, an award for his outstanding volunteer service for Iowa.

Fish, selected by the Governor's Office on Volunteerism, was honored at the governor's annual Volunteer Recognition Ceremony held April 8 in Carroll.

Fish and his EMS crew says they wanted to decrease the number of fundraising activities they had to hold each year to raise money. They decided to consolidate the efforts into one large money making project to benefit the Carroll County EMS Association.

They developed the "Festival of Lights" Christmas light display.

"We sold large, lighted, Christmas displays to organizations," says Fish. "In return, they received publicity with their names in lights at Swan Lake State Park, Carroll, Iowa. They receive recognition year after year and we don't return and ask for more donations.

"The event benefits the community in several aspects," adds Fish. "The families can drive through and enjoy the displays simply for a donation. In addition, our area benefits from people Christmas shopping in our town. We had more than 500 cars go through the first night and averaged \$3 a car for donations benefiting the Carroll County EMS Association."

The ambulance service raised \$12,000 this year and has plans to purchase eight more displays.

# Adam selected to evaluate national EMS training programs

The American Heart Association's National Emergency Cardiovascular Care (ECC) Committee invited Rosemary Adam to participate at the first Educational Forum held February 25-27 in Dallas.

Adam, RN, EMT-P, nurse instructor with the EMS Learning Resources Center, and a member of the American Heart Association (AHA), Iowa regional faculty since 1981, evaluated AHA educational programs.

Adam has more than 20 years of experience in emergency nursing, administration and EMS education.

Because of her expertise, Adam was nominated by the Iowa region and the National Educational Forum Working Group to participate in analyzing the AHA's lay rescue, first responder and professional training programs. Issues included identifying the audiences and essential training topics.

Beth Cooper, National ECC training consultant says, "Since this was the first Educational Forum, the participants had to be the best of the best. They not only had to be able to impart their knowledge of the program, but also examine the current curriculum and see the areas that needed changing—and have the courage to shape that change.

"Rosemary not only ably met the participant criteria but was able to lend her strength, knowledge and expertise in this Educational Forum."

The group reviewed and challenged the current American Heart Association education delivery method. Adam is field testing six new Advanced Cardiac Life Support exam questions on acute coronary syndromes and stroke. She evaluated a new method of discussing the answers; students also gave comments on this new delivery concept.

"Rosie was an asset and I am sure her fingerprints will be on the next educational documents," adds Cooper.

## He flies 15 years and bids farewell

"The UIHC emergency flight program was the most gratifying, most fulfilling part of my working life, unlikely to be matched," says Byron Edgington as he ends his 15-year career as an emergency helicopter pilot.

"It was also the best group of people I've ever worked with," adds Edgington. "I appreciated the staff during my years at UIHC for their absolute commitment and dedication to a quality flight program."

Edgington has been one of four pilots employed by Rocky Mountain Helicopters, Provo, Utah, contracted to the University of Iowa Hospitals and Clinics' AirCare program.

"I'll always remember one young man in Elkader, Iowa," says Edgington. "It was February 1984. The nine-year-old boy had gotten caught in a grain auger. He was critically injured and was not expected to live through the night. It was very heartwarming to see him walk out of the hospital with his parents six weeks later. That was the first time I made the connection to what I do and the outcome. I'll remember every minute of that flight."

Edgington transported 2,525 patients since he joined UIHC in June 1983.

Edgington, the most senior pilot, was in charge of safety and served as base commander for the program.

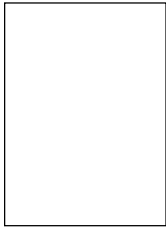
John Heiskell, vice president of Aviation Services, Rocky Mountain Helicopters, says, "Not



Byron Edgington

only does Byron have fine technical skills to handle the aircraft, but his mild-mannered personality and good interpersonal skills have a calming effect.

"Although most importantly the pilot must get safely from point A to point B, good interpersonal skills are a benefit. Byron has been a real asset to the flight program and we were sorry to see him leave."



Rosemary Adam

# Don't miss it! Join us for our 21st annual EMS conference!

The latest developments in emergency and critical patient care will be presented by experts from throughout the nation at the EMSLRC's 21st annual conference.

Laurayne Much, RN, CEN, staff nurse, Emergency Medical Services, Ottumwa Regional Health Center, Ottumwa, Iowa, has worked in the emergency room since 1975 and attended nine of the EMSLRC annual conferences. "The conferences are very informative and give up-to-date treatment and therapies that are relevant to our practice," says Much. "The speakers are top notch educators."

Chuck Huss, MD, staff physician, the Emergency Care Unit, at Mercy Hospital, Iowa City, and medical director, Johnson County Ambulance Service, has attended most of the EMSLRC conferences since 1982. He says he appreciates the educational

value of hearing others' perspectives. "The lectures get me enthused to do my own review of medical issues. I appreciate the networking with others in emergency medicine. The social, business, and educational aspects are blended to give beneficial information."

The conference offers separate in-hospital and pre-hospital sessions each afternoon to meet the diverse needs of

emergency care providers.

The 21st annual Topics in Emergency Medicine Conference will be held October 8 and 9, 1998 at the Radisson Highlander Plaza, Iowa City.

The Hawkeyes host the Northwestern Wildcats for the Homecoming football game that Saturday. Mark your calendars and join us for the 1998 EMSLRC annual conference!

Laurayne Much

Chuck Huss, MD

# They give care in the air during 2,000 flights

"I've always enjoyed my job. I've never woke up in the morning and not wanted to come to work."

Those are Chuck Wendler's comments after his 2,000th flight with AirCare. Wendler, BSN, RN, who flew the inaugural AirCare flight in April 1979, recalls two particular flights that impressed him.

"One memorable moment for me was a flight to West Branch, Iowa," says Wendler. "We assisted with a man in cardiac arrest on his back porch. He survived and sent me Christmas cards for 10 years."

"Another time we responded to a farmer who had been caught in a corn

picker in a field in Oxford, Iowa. It was November and he had been there all night. He had hypothermia and frozen fingers and feet. After I reached him in the cornfield, I said I would get him out as quick as possible. He told me, 'Take your time. I've been here all night'. I'll always remember his outstanding attitude."

Wendler says helping people makes his 19 years of flying all worthwhile. "It's a rewarding feeling to help another human being," he adds.

Katie Cavanaugh, RN, BSN, joined the flight crew in April 1979 and flew her 2,000th flight this year also.

"I enjoy the flight nurse's role of treating and assessing the patient," says Cavanaugh. "We are always delivering patient care; we chart after we deliver the patient safely. It's gratifying to see someone with a life-threatening condition survive."

"One of my very first flights

particularly impacted me. A 12-year-old boy was hang gliding and had fallen; he had a momentary loss of consciousness, but recovered quickly. His 10-year-old brother then took his turn and also fell. He became unconscious and remained unconscious. That child's life was threatened, but rapid transport and care given during transport by the AirCare team and the pediatric surgeons saved him.

"Ten years later, he approached us at a local fair during an AirCare display to thank the flight team," adds Cavanaugh. "He was then a 21-year-old preparing for college. Seeing him made me appreciate my job and remind me that I can have a direct impact on the outcome of a patient."

Wendler and Cavanaugh are certified in Neonatal Resuscitation, Advanced Cardiac Life Support Provider, and Pediatric Advanced Life Support.

Chuck Wendler

Katie Cavanaugh

# Neonatal and pediatric transport teams fly for age 3 and under

*The neonatal transport team nurses include at right, (from left) Carol Strank, Mariah Distelhorst, Sharon Olson, Tammy Hedlund, Margaret Umbaugh and Dawn Wanfalt.*

The University of Iowa Hospitals and Clinics (UIHC) neonatal transport team, along with the entire AirCare team, is available 24 hours a day, seven days a week to transport infants and children by ground or air.

A child is not a small adult. An ill child has very unique care needs.

"Children are very different from adult patients, and they require different care," says Tami Barrett, RN, nurse manager, Neonatal Intensive Care Unit and Neonatal Transport Service at the UIHC. "The staff transporting infants and children have special training which brings pediatric expertise to the team."

The American Academy of Pediatrics suggests the team transporting a pediatric patient should contain at least one member who is experienced in diagnosing and managing pediatric life-threatening illnesses or injuries.

A very high level of expertise with these procedures is necessary in a moving environment as opposed to the relative calm of the in-hospital setting.

"All flights carry two flight nurses. We have one AirCare flight nurse and one neonatal/pediatric nurse fly for any patient under three years old," says Barrett. "The enriched partnership has enhanced the quality of care we provide to children."

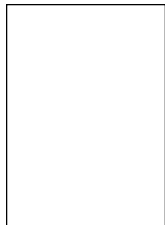
"We completed an extensive review of the prehospital neonatal and pediatric patient needs and transport care. We decided to enhance the staff training and utilize the staff's skills to their fullest potential," adds Barrett.

The most current American Academy of Pediatrics guidelines for air and ground transport of neonatal and pediatric patients requires a pediatric transport team to receive formal education. Critical care courses such as Pediatric Advanced Life Support, (PALS), APLS: the Pediatric Emergency Medicine Course, and the Neonatal Resuscitation Program (NRP) have

proven to be beneficial.

"We focus on in-depth training to provide emergency pediatric care," adds Barrett. "The neonatal/pediatric nurses and the AirCare flight nurses have received extensive training in all of those programs and have completed certified training for Advanced Pediatric Life Support and the Emergency Nursing Pediatric Course."

The American Academy of Pediatrics says it is crucial that only systems with appropriate pediatric capabilities accept the responsibility for the life and health of a critically ill child. The University of Iowa Hospitals and Clinics became certified by the American College of Surgeons as a Level I Trauma Center with pediatric commitment in January.



Tami Barrett

## EMS Update

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