LETTERS

A Bride? Tsk! Tsk!

I am certain that former Alhambra Mayor Mike Rubino will be absolutely delighted to find out that all of his troubles started when he "was arrested and charged with taking a $1,000 *bride* from Risher." (April *jems*, p. 24, paragraph 4, 1st sentence).

In all seriousness, we value your publication very highly, but I couldn't resist calling your attention to this typo that brightened an otherwise difficult day. Keep up the good work!

Michael L. Wuchner, Executive Director
Regional Medical Services, Inc.
Fairmont, West Virginia

Not Guilty

In the February 1984 issue of *jems* ("Current Research"), you published an abstract related to esophageal perforation following use of the esophageal airway. While your abstract focused on the problems of airway use, the original article (published in *Southern Medical Journal*) it was based on also implicated mechanical CPR devices—without supportive data. It's important that readers who seek out that original research understand that such implication was erroneous—mechanical CPR devices were used as a control and should not have been implicated.

C.E. Barkalow
President
Michigan Instruments

Stout on Target

My compliments to Jack Stout for an outstanding article (Interface, March 1984). He hit every nail on the head; some made me wince and some made me shake my head with sadness!

While the article belongs in an EMS publication, the people who really need to read it are the state legislators who think EMS is just the shiny ambulance in their hometown July 4th parade. I'll see that Indiana legislators receive a copy.

The article is superb. Keep up the good work.

Philip K. Martin
Executive Director
EMS Commission (Indiana)

Stony Creek Revisited

Your article ("Lessons from Stony Creek" by Jack Stout) in the April issue of *jems* accurately describes the "situation" our organization currently faces. I certainly appreciate the introductory remarks outlining the point that private, nonprofit rescue squads face similar dealings with governments as do the ambulance service providers in the private sector. I circulated the article to many individuals associated with our organization and all of them commented on the careful anaylsis given in the article.

Hopefully, we will learn from the information provided by Jack Stout. The lessons will aid us in strengthening our service with the county governments of Edgecombe and Nash. The challenge is there, and we will continue to meet it.

Grif Bond, President
Stony Creek Fire Department and Rescue Squad
Rocky Mount, North Carolina

Valuable Overview

I read for the first time your column, "Current Research." The studies reviewed are indeed quite diversified and a valuable overview of current clinical research pertinent to prehospital care. Please continue your efforts.

Jonathan S. Gunn, MICT
Des Plaines, Illinois

Rx for Medical Control

It is probably inadvertent, but Mike Latessa's article (April, 1984) seems to imply that the major products of a quality assurance program are "disciplinary action and/or remedial training." He lists six causes of poor performance, five of which assume some fault on the part of field personnel, with the sixth assuming fault on the part of the online medical consultant. The article also implies that a "positive encounter" is one with "no exceptions."

I believe it is a serious mistake to design a medical audit process around the assumption that most performance problems can be traced to fault by an individual. On the contrary, in clinically sophisticated systems, most performance problems can be traced back to such causes as impractical or poorly defined medical protocols, an inadequate in-service training module, a needed change in maintenance or inventory control procedures, even inadequate entry-level credential and orientation procedures. In fact, the most serious performance breakdowns are often traceable to the inherent design of the EMS system itself. Disciplinary action and remedial training focus attention upon the symptoms of these underlying system deficiencies, damaging morale and sidetracking real progress.

In such systems, the run with the "exception" may often be, clinically, the most "positive" run of all. The richest source of knowledge to promote the *system's* sustained clinical progress is the field paramedic. But if your quality assurance program assumes, even inadvertently, that discipline and remedial training are its main corrective tools, you risk silencing the most valuable source of problem detection. Here's an indicator I use: What percentage of your medical audit requests are initiated by the field paramedics themselves?

Jack L. Stout
Beaufort, North Carolina

Comparing Other Systems—A Second Opinion

I read with interest Kate Dernocoeur's comments regarding system comparisons in the April 1984 issue of *jems*. While I don't disagree with any of the points made in her commentary, I do believe she failed to focus on the fundamental basis for system comparisons.

No valid comparison of any EMS system can be made if the focus is on the providers. "The true value of any EMS system lies in the effectiveness of the people on both the prehospital and hospital teams and how they utilize whatever physical surroundings they have," says Ms. Dernocoeur. She later says, "Keep in mind it is the people in any situation who make the system work, or fail to work, nothing else." The statements are not untrue, but they are not going to get you anywhere if your goal is to make EMS system comparisons.

Dr. Ron Stewart said something in Los Angeles in 1979 I have never forgotten. His elegant, simple statement formed the philosophical basis for a group of concerned prehospital