



**From Suffolk to California  
...Some EMS Observations  
Rob Lawrence  
California Chief Operating Officer  
PCLS**



**ZOLL.**

**ZOLL.**

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AMERICAN  
AMBULANCE  
ASSOCIATION

---

REPRESENTING EMS  
IN AMERICA

**ZOLL.**

**ZOLL.**

# Disclaimers, Myths and Misunderstandings....



# Disclaimers, Myths and Misunderstandings....



**Please  
come in**

**we do speak  
English here**

# Videos of how to shag

[bing.com/videos](https://bing.com/videos)



# shag

[SHag] 

NOUN

*shags* (plural noun)



a dance originating in the US in the 1930s and 1940s, characterized by vigorous hopping from one foot to the other.



## shagging on the beach

jimcorleyjr • 154 videos • 597 views • Last updated on Dec 15, 2013

▶ Play all   ◀ Share   + Save

## Videos of how to shag

[bing.com/videos](http://bing.com/videos)



## Put on your Shaggin' shoes

By Jennifer Roush and Cindi Hersey Jul 7, 2006





# Has Much Changed Since I Left?

**MONTH OF HELL FOR AMBULANCE CREWS**

**2005 - 2009**

Posted on 31st December 2005 by Darren Fower (Gunthorpe Ward)

(31/12/05) Its expected Ambulance crews in East Anglia are on course to break all 999 records for the month of December:

Rob Lawrence, director of operations for the East Anglian Ambulance Service and a former army officer, said it was difficult not to adopt a siege mentality as the number of people demanding emergency treatment continues to soar.

## **Cup emotion hits ambulance crews**

But Rob Lawrence, the trust's director of operations, warned that if the number of calls continued rising at the same levels it would become increasingly difficult to match its current achievements.

## **'Chaotic' Easter for paramedics**

Rob Lawrence, director of operations for the East Anglian Ambulance NHS Trust, said many of the calls were "totally avoidable".



@UKROBL

WTVR- Richmond, VA



WTVR TV- Richmond, VA



WTVR - Richmond, VA



## Richmond Crime Data

[Crime Data FAQ](#)

### CRIME INDEX

**8**

(100 is safest)

Safer than 8% of the cities in the US.

### Richmond Annual Crimes

VIOLENT	PROPERTY	TOTAL
1,275	9,069	10,344
annual crimes per 1,000 residents		
5.85	41.62	47.47

## Chicago Crime Data

[Crime Data FAQ](#)

### CRIME INDEX

**12**

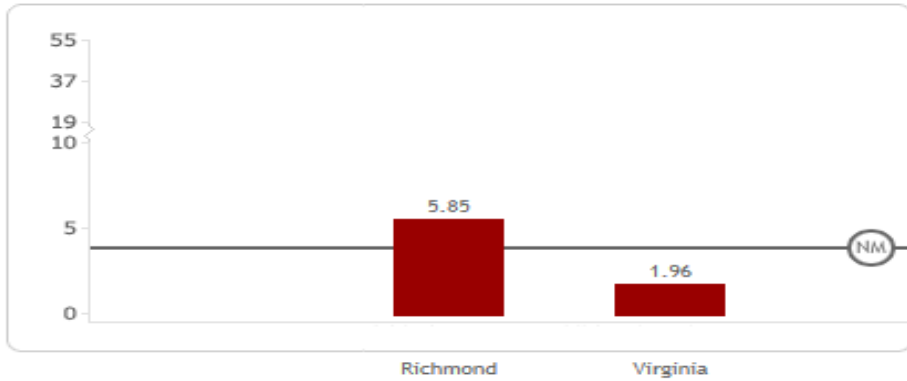
(100 is safest)

Safer than 12% of the cities

### Chicago Annual Crimes

VIOLENT	PROPERTY	TOTAL
24,133	86,216	110,349
annual crimes per 1,000 residents		
8.87	31.67	40.53

### Violent Crime Comparison per 1,000 residents



NATIONAL MEDIAN  
**3.8**

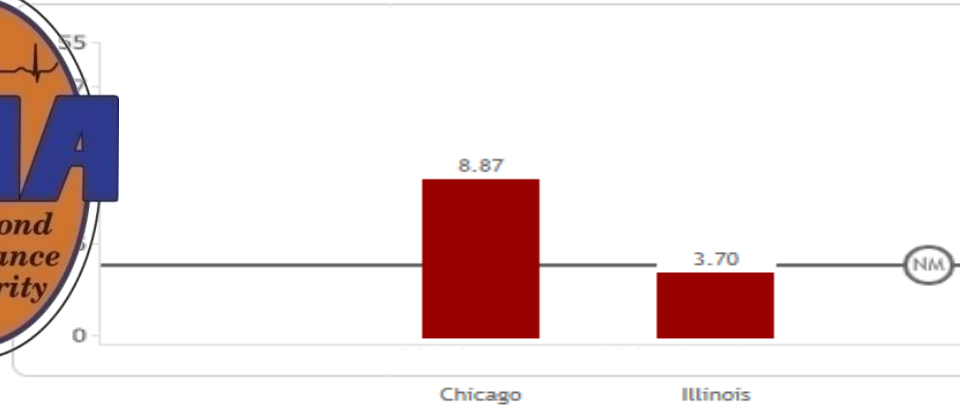
MY CHANCE OF BECOMING A VICTIM

in Richmond  
1 in 171

in Virginia  
1 in 510



### Violent Crime Comparison per 1,000 residents



NATIONAL MEDIAN  
**3.8**

MY CHANCES OF BECOMING A VICTIM

in Chicago  
1 in 113

in Illinois  
1 in 270

#### Richmond violent crimes

	MURDER	RAPE	ROBBERY	ASSAULT
REPORT TOTAL	41	43	571	620
RATE PER 1,000	0.19	0.20	2.62	2.85

Population 217,904

#### United States violent crimes

	MURDER	RAPE	ROBBERY	ASSAULT
REPORT TOTAL	14,249	116,645	325,802	741,291
RATE PER 1,000	0.04	0.37	1.02	2.32

Population 318,857,056

#### Chicago violent crimes

	MURDER	RAPE	ROBBERY	ASSAULT
REPORT TOTAL	412	1,350	9,830	12,541
RATE PER 1,000	0.15	0.50	3.61	4.61

Population 2,722,389

#### United States violent crimes

	MURDER	RAPE	ROBBERY	ASSAULT
REPORT TOTAL	14,249	116,645	325,802	741,291
RATE PER 1,000	0.04	0.37	1.02	2.32

Population 318,857,056



## COUNTRY RANKINGS

Top 2*
Middle
Bottom 2*

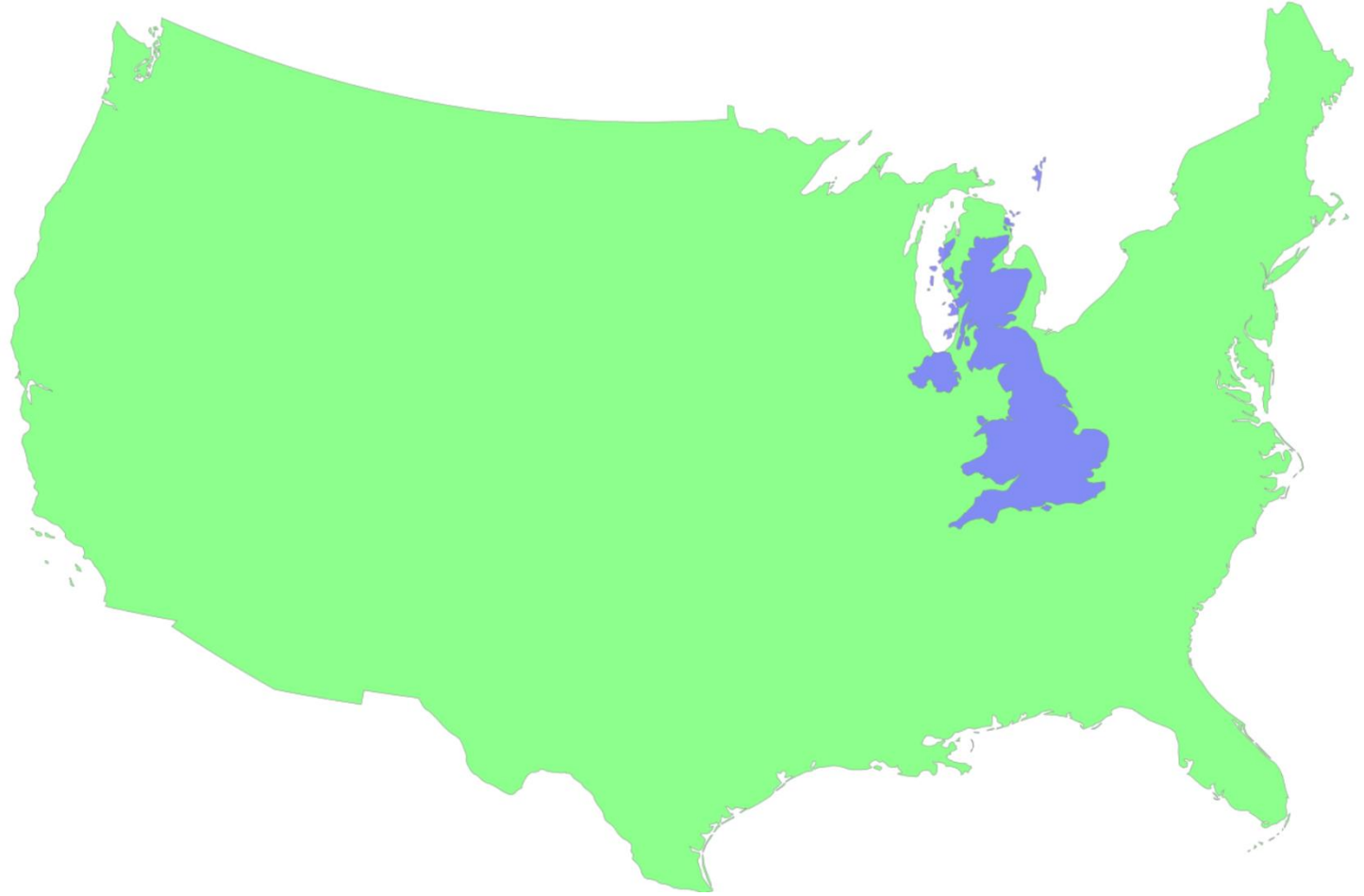


	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
<b>OVERALL RANKING (2013)</b>	4	10	9	5	5	7	7	3	2	1	11
<b>Quality Care</b>	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
<b>Access</b>	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
<b>Efficiency</b>	4	10	8	9	7	3	4	2	6	1	11
<b>Equity</b>	5	9	7	4	8	10	6	1	2	2	11
<b>Healthy Lives</b>	4	8	1	7	5	9	6	2	3	10	11
<b>Health Expenditures/Capita, 2011**</b>	\$3,800	\$4,522	\$4,118	\$4,495	\$5,099	\$3,182	\$5,669	\$3,925	\$5,643	\$3,405	\$8,508

# 10 + 3 UK Trusts



# 15,276 'EMS' Services



64M People 93,000 Sq Miles - 1per 7153 Sq Miles

317M People 3.79M Sq Miles - 1 per 248 Sq Miles



# Four Little Words



EMS  
On The Hill Day  
Be There For EMS

Welcome Guide

APRIL 25, 2017 (Briefing April 24)  
WASHINGTON, D.C.

HOSTED BY  
**NAEMT**  
Serving our nation's EMS practitioners

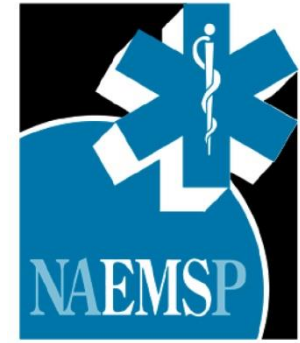
EMS On The Hill Day Welcome Guide • NAEMT.ORG

The collage features several images: a group of EMS professionals in uniform walking through a hallway; a group of men in suits shaking hands; a close-up of a gold medallion; and a group of people sitting around a table in a meeting room. A blue banner on the left contains the EMS logo and the text 'Welcome Guide'.



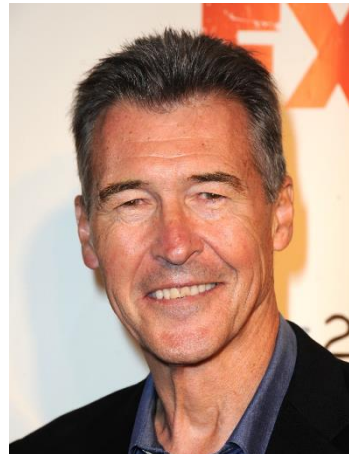
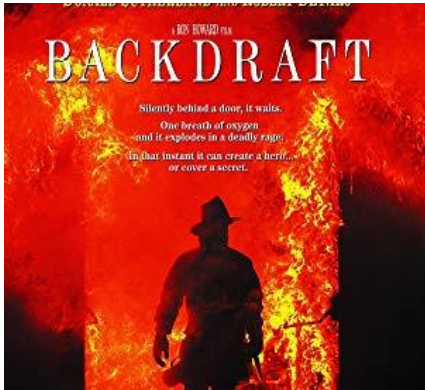


American College of  
Emergency Physicians®



@UKROBL

# Service Delivery



Monterey County  
 Payer Mix  
 July 2017 - June 2018 Fiscal Year

Payer	Percent of Transports
Medicare Fee for Service	36.90%
Medicare HMO	0.73%
Contracted Government Medicare HMO	1.80%
Medi-Cal	3.56%
Medi-Cal HMO	0.86%
Contracted Government Medi-Cal HMO	23.57%
Contracted Insurance & HMOs	2.28%
Non-Contracted Insurance & HMOs	9.33%
Kaiser HMO	0.46%
Veterans Administration	0.50%





# Public Utility Model / Not for Profit

# Public Utility Model / Not for Profit

## Volunteer



# Public Utility Model / Not for Profit

Volunteer

Fire Based



**Public Utility Model / Not for Profit**

**Volunteer**

**Fire Based**

**For Profit / Private**





**Public Utility Model / Not for Profit**

**Volunteer**

**Fire Based**



**For Profit / Private**

**Hospital Based**



fit



And Helicopters.....

# Lets Talk Helicopters...

Fundraising drive from Lincolnshire Co-op to keep the county's air ambulance flying high



Hitchin Rock Choir will be singing in Stevenage in aid of Essex and Herts Air Ambulance

**Knaresborough Charity Tractor Run in memory of Mike Spink and raising money for the Air Ambulance**

**Members of a Peterborough running club donate £500 to Air Ambulance**

**Donations to East Anglian Air Ambulance tripled since Prince William started work as a pilot**

Charitable donations have tripled in the last year since the Duke of Cambridge started working as a pilot

**Former patient raises thousands for Yorkshire Air Ambulance**



# **Air Ambulances: Taking Patients for a Ride**

For-profit air-ambulance companies too often pick up people who don't need air transport—and leave families with huge bills that insurance won't pay

# Air Ambulance Services Stun Patients With Bills

- ...But while insurance covered the first flight, the hospital called a for-profit service the second time, and Ebert got stuck with a more than \$27,000 bill.
- ....But two months later, the family got another shock: A notice from Med-Trans, the air-ambulance company, telling them that the transport was \$24,000.
- ....Life Flight Network had billed them more than \$42,000 for the flight and ambulance ride.

**Rising air ambulance bills hit patients with added shock**



If you aint First, yer last!



Best value for public health system resources

The IHI Triple Aim is a framework developed by the Institute for Healthcare Improvement that describes an approach to optimizing health system performance.

@UKROBL

NY city settles wrongful death suit over late ambulance arrival

**SF ambulances arrive late to life-threatening calls during sweltering weekend heat**

Seattle fines ambulance company for late responses

**Petition blames Greenville Co. EMS leadership for poor response times and 'toxic' conditions**

Ambulance Response Times Are Worse for Low-Income People

UCSF-led Study Finds 10% Lag Time for Heart Attacks in Nation's Poorest Neighborhoods



**#Globalissue**



Best value for public health system resources



# Emergency Medical Services – Paramedic (pending approval)

Associate of Applied Science (A.A.S.)

## Purpose

The purpose of this curriculum is to produce competent entry-level Paramedic who can service the community with advanced life support care via the Emergency Medical Services (EMS) infrastructure. Upon completion of the program, students will be eligible for National Registry testing and certification in the Commonwealth of Virginia. Employment opportunities for Paramedics are available with ambulance, fire and rescue services, hospitals, local, state and federal government agencies and humanitarian relief organizations.

## Admission requirements and special conditions

Students must meet JTCC admission requirements. Students must also complete placement tests (or equivalent) in English and mathematics, and scores will be used for appropriate course placement. If students have deficiencies in English and/or mathematics, JTCC offers developmental and prerequisite courses to prepare students for the curriculum. New students should see a counselor and returning students their advisor for more information. To be eligible for placement in the program, students are required to have transcripts of previous high school and college courses sent to John Tyler Community College, submit the required health certificate, and have current CPR certification at the Health Care Provider level. Per Virginia OEMS Regulation students must be a minimum of 18 years of age at the beginning of any ALS certification program and hold, at a minimum, a high school or general equivalency diploma.

## Program Curriculum

Semester	Credits	Standard Course Options
<b>1st Semester</b>		
SDV 101 Orientation to Health Sciences	1	SDV 100
BIO 141 Anatomy & Physiology I	4	
EMS 111 Emergency Medical Technician – Basic	7	EMS 112 and EMS 113
EMS 120 Emergency Medical Technician – Basic Clinical	1	See Note 1.
<b>Total Credits</b>	<b>13</b>	
<b>2nd Semester</b>		
HIT 143 Medical Terminology	3	
ENG 111 College Composition I	3	
EMS 151 Introduction to Advanced Life Support	4	See Note 2.
EMS 152 Advanced Medical Care	2	See Note 3.
EMS 153 Basic ECG Recognition	2	
EMS 170 ALS Internship I	1	
<b>Total Credits</b>	<b>15</b>	
<b>3rd Semester</b>		
BIO 142 Anatomy & Physiology II	4	
EMS 154 ALS Cardiac Care	2	See Note 3.
EMS 157 ALS Trauma Care	3	
EMS 159 ALS Special Populations	3	
EMS 172 ALS Clinical Internship II	1	
EMS 173 ALS Field Internship II	1	
<b>Total Credits</b>	<b>14</b>	
<b>4th Semester</b>		
ITE 115 Introduction to Computer Applications & Concepts	3	
EMS 201 EMS Professional Development	3	
EMS 205 Advanced Pathophysiology	4	
EMS 207 Advanced Patient Assessment	3	
EMS 242 ALS Clinical Internship III	1	
EMS 243 ALS Field Internship III	1	
<b>Total Credits</b>	<b>15</b>	
<b>5th Semester</b>		
Humanities/Fine Arts Elective	3	See Note 5.
Social/Behavioral Science Elective	3	See Notes 4 and 5.
EMS 209 Advanced Pharmacology	4	
EMS 211 Operations	2	
EMS 244 ALS Clinical Internship IV	1	
EMS 245 ALS Clinical Internship V	1	
<b>Total Credits</b>	<b>14</b>	
<b>Total Credits For Program</b>	<b>71</b>	

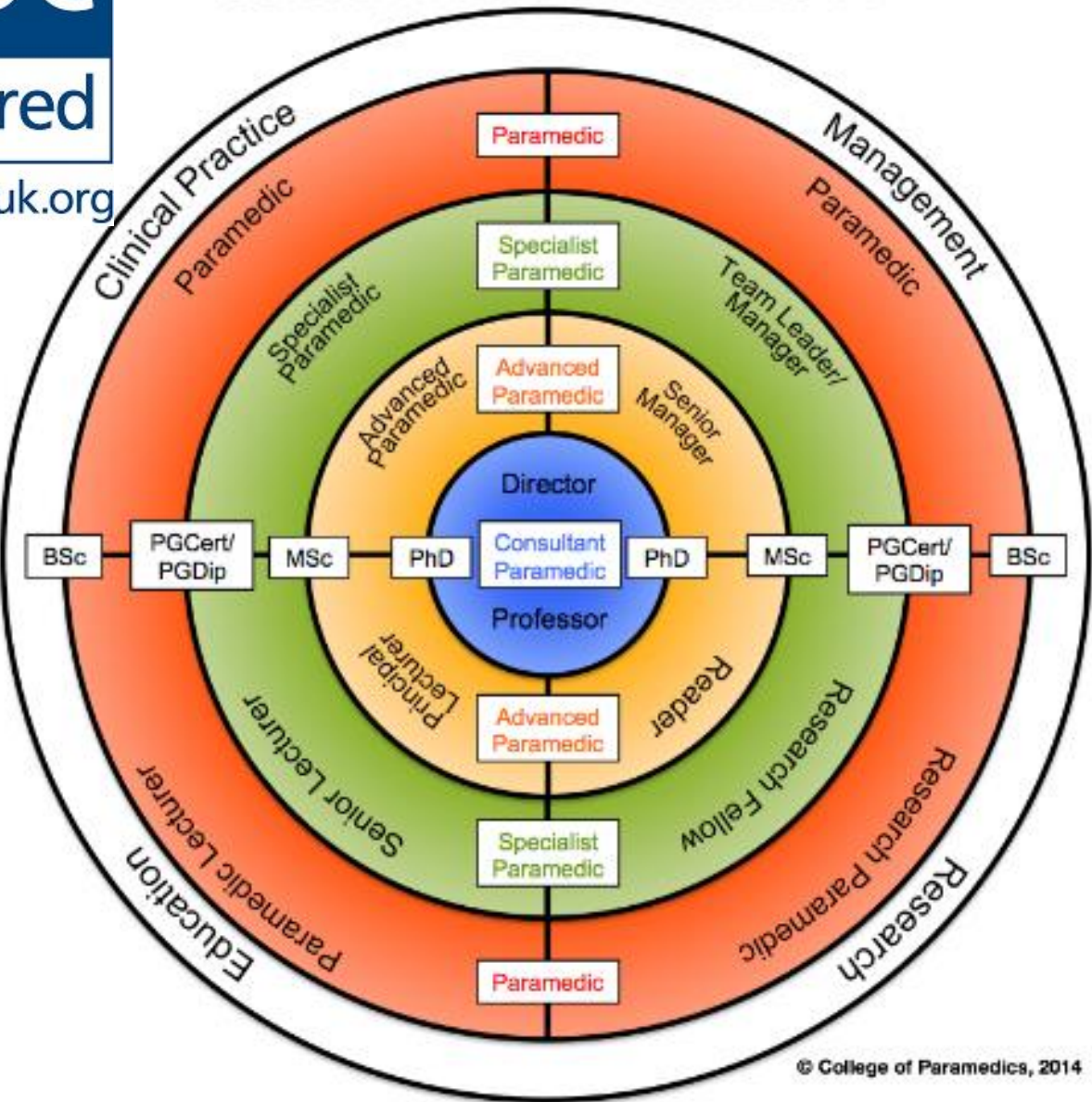
## Notes and Additional Curriculum Options

- EMS 120 must be taken concurrently with EMS 111 or EMS 113.
- Students must pass cognitive and practical capstone assessments to obtain eligibility to test for EMT Certification.
- Students who have completed EMS 155 will receive credit for EMS 152 and 154.
- The social/behavioral science elective requirement can be satisfied by courses with the following prefixes: ECO, GEO, HIS, PLS, PSY and SOC. Students must pass cognitive and practical capstone assessments to obtain eligibility to test for All Certification levels.
- The humanities elective requirement must be satisfied by completing one 3-credit conceptual humanities course that offers breadth of knowledge. Additional humanities electives may be conceptual or applied with a focus on



www.hcpc-uk.org

# College of Paramedics Career Framework 2014



2015-2016 JOHN TYLER COMMUNITY COLLEGE CATALOG

continued

© College of Paramedics, 2014







## **NATIONAL ASSOCIATION OF EMS EDUCATORS**



### **JOINT POSITION STATEMENT ON DEGREE REQUIREMENTS FOR PARAMEDICS**

Sean M. Caffrey, MBA, NRP, FACPE , Leaugeay C. Barnes, MS, NRP, David J. Olvera, AS, NRP, FP-C  and CMTE on behalf of the National Association of EMS Educators, the National EMS Management Association and the International Association of Flight and Critical Care Paramedics

***The National Association of EMS Educators, the National EMS Management Association, and the International Association of Flight and Critical Care Paramedics believe the time has come for paramedics to be trained through a formal education process that culminates with an associate degree. Once implemented a degree requirement will improve the care delivered by paramedics and enhance paramedicine as a health profession***



# Joint Position Statement-Opposition to Proposed Degree Requirements for Accredited Paramedic Programs

📅 December 28, 2018

***‘The IAFC, IAFF, NFPA, and NVFC strongly support higher education for members’ .....***

***.....’However, requiring a college degree for entry-level paramedics would create hardships for fire departments and make EMS systems financially unsustainable in many states. There are no identifiable data or other evidence suggesting that requiring paramedics to obtain a college degree would result in better patient outcomes, enhanced professionalism for EMS providers, better performance, or higher pay’.***

# For Getting Better, Every Metric Matters

EMS is a rich source of data that can help you improve your organization's efficiency

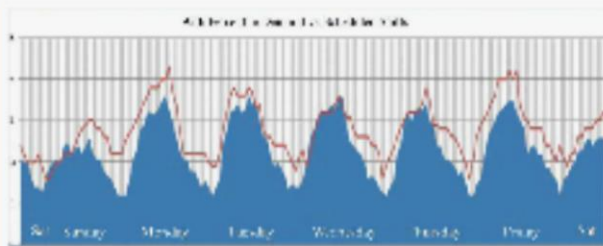
This month's article provides an overview of the development of a total quality management (TQM) environment in which operational information obtained on every aspect of service delivery is collected, collated, analyzed and assessed to provide evidence for service and healthcare improvement.



This is the fourth in a year-long series by the Academy of International Mobile Healthcare Integration (AIMHI) to advance agencies on the hallmarks and attributes of high-performance/high-value EMS system design. For more on AIMHI, visit [www.aimhi.us](http://www.aimhi.us).

With the advent of initiatives such as NEMSS and EMS Compass, information and metric collection has become less of a mystery to many. However, while we operate in a high-tech information age, it is still surprising how many agencies and organizations say they don't have enough information to act on.

The information-collection cycle begins with the 9-1-1 call, a request for non-emergency information gathering begins the moment a call is received by the 9-1-1 dispatcher.



Demand analysis provides valuable information on staffing requirements.

agency transport or, in an MH environment, a request for service or visit. As each type of call is conducted, further information is gained at each phase in the cycle.

### Demand Analysis

In the business world, companies use market demand analysis to understand how much consumer demand exists for a product or service. This analysis helps management determine if they can successfully enter a market and generate enough profits to advance their operations. From an EMS perspective, the analysis identifies the time and space in which a call occurs to identify where and when a responding resource needs to be in order to meet the response time, clinical or patient requirement.

The information needed to conduct a demand analysis comes exclusively of historical data that provides a statement of "how we did." The trick is then to apply a reasonable estimate of service growth or loss to identify the requirement for the

future. By understanding the temporal and geospatial demand, in other words—the where and the when—a picture of demand can be constructed. This information provides management valuable information on how many hours and staff are needed to complete a task.

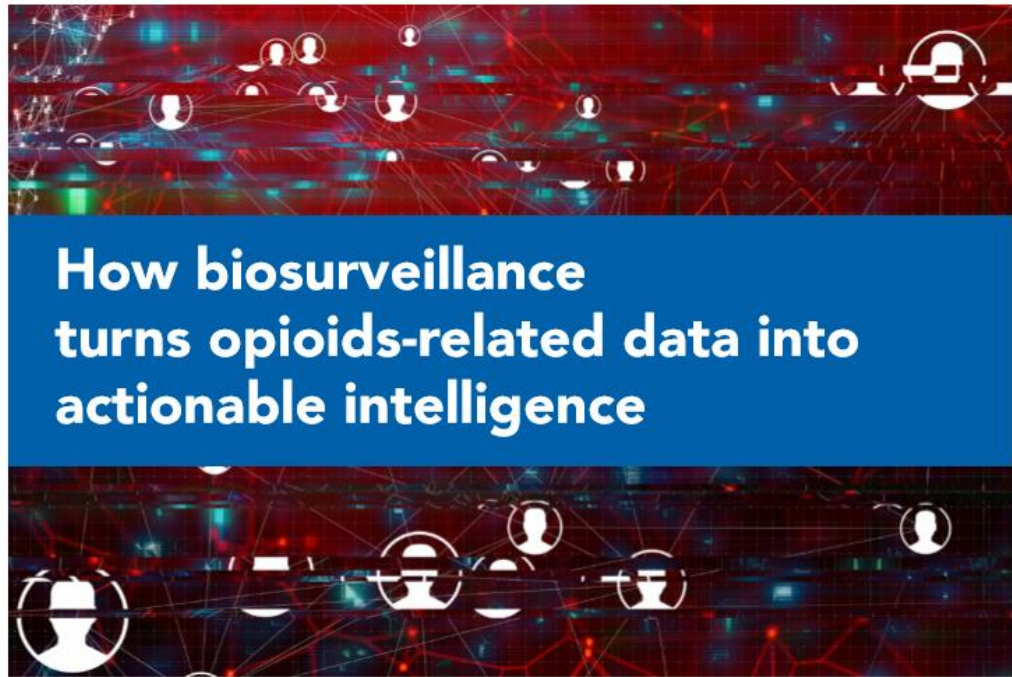
### Call Taking

From a 9-1-1 perspective, the evening begins with a phone call. As soon as the phone is answered and the caller interrogated, information flows in. Metrics gathered provide the main body of demand analysis. Additionally modern CAD systems are capable of many live alerting and reporting functions to ensure the flow of resources remains coherent, thus avoiding delays and logjams.

### The Response

The great response time debate rages on, with some services reducing their requirements based on clinical outcomes, while

Measurement	Descriptor	Data Source	Future Use
Call pickup (answering)	Percentage of calls answered within the specified pickup time	Center phone system	If the agency does not have its own PSAP can use to assess phone answering efficiency
Call to dispatch	Time from call answer to wheels turning	CAD	If response time improvement is needed, improvement in this area could assist in system improvement



# How biosurveillance turns opioids-related data into actionable intelligence

By Rob Lawrence

The growth of the opioid epidemic has spurred an increase in public safety partnerships and task forces charged with addressing this national public health emergency. These multidisciplinary partnerships have led to the realization of the intelligence available to help understand the size and scope of the problem.

Key intelligence requirements for police and public health alike in the identification of opioid use and overdose trends is to understand the "where, when and how much." Strategies for interdiction, intervention, prevention and treatment all come from these key questions.

The Richmond Ambulance Authority (RAA), in partnership with the Richmond Police Department and Richmond Public Health District, employed its FirstWatch biosurveillance

system to turn real-time activity data into actionable intelligence for all partners, within the realities of HIPAA law that surrounds the delivery of prehospital medical care.

The FirstWatch system is designed to improve situational awareness, operational performance and clinical patient outcomes by securely capturing, translating and transmitting information about 911 callers, patients and systems. RAA employs FirstWatch's triggers to answer a number of key questions such as trend and cluster analysis, and identification of repeat or returning patients.

A key tool in the analysis armory is RAA's Controlled Drugs Trigger. Every time a medic administers Narcan, the dose and quantity are recorded. The higher the amount of Narcan needed to revive a patient becomes a gross indicator of the complexity of the heroin



NOW MTD YTD OK



RAA - Raw P1 Response Time Performance

NOW MTD YTD OK



RAA - Raw Zone 1 / P1 Response Time Performance

NOW MTD YTD OK



RAA - Raw Zone 2 / P1 Response Time Performance

NOW MTD YTD OK



RAA - Raw Zone 3 / P1 Response Time Performance

NOW MTD YTD OK



RAA - Raw Zone 4 / P1 Response Time Performance

NOW MTD YTD OK



RAA - Raw - Overall P2 Response Times (12:59)

NOW MTD YTD OK



RAA - Raw - Overall P3 Response Times (29:59)

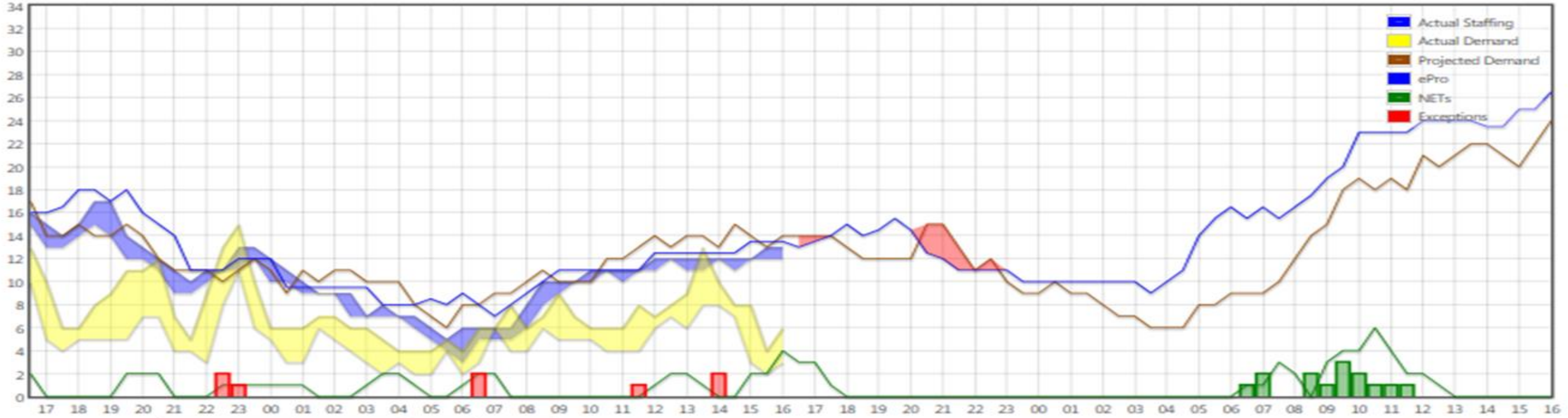
NOW MTD YTD OK



RAA - All Calls

RAA Forward-Looking Operations Technology 0.8.3 – Copyright © 2015 Richmond Ambulance Authority

Zoom to: All Last 24 Next 24



Category	Compliance	Needed	Cushion
Zone 1	94.57%		6
Zone 2	95.15%		7
Zone 3	92.63%		4
Zone 4	91.49%		3
Priority 1	93.49%		13
Priority 2	97.65%		6
Priority 3	97.81%		10
Emergency	95.05%		30
Priority 4	94.12%		3
Priority 5	97.67%		3
Priority 6	95.65%		2
Non-Emergency	95.4%		9
Overall	95.13%		40
	0.519		
	0.386		



**Condition Orange**

Contingencies:



## NEMESIS Public Data Quality Report

Data Submitted: 3/4/2019 to 3/8/2019

Overall Score

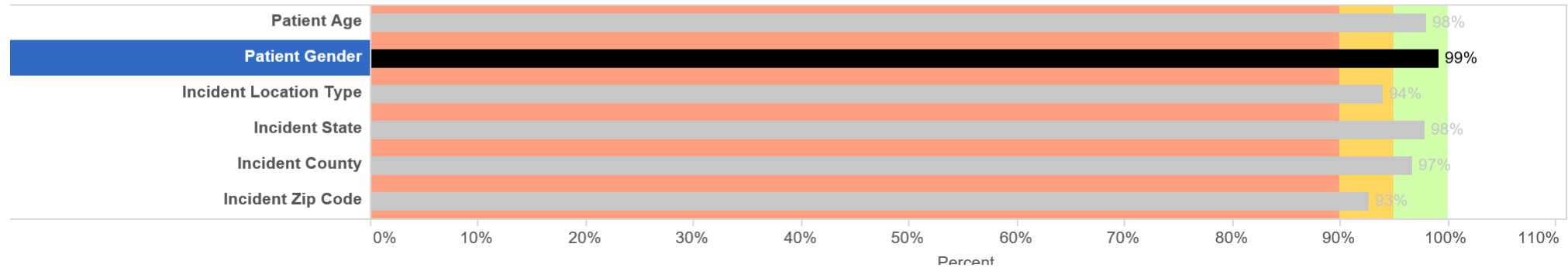
This dashboard provides a “current week” estimate of the data quality among records flowing into the National EMS Registry. The dashboard is updated each Wednesday to include the records submitted during the past week. For each data element, recorded values such as “Not Applicable” or “Not Known” are considered invalid values.

92%

96%

### Patient Information

When EMS encounters a patient, several elements should be completed with valid values. The following chart shows the percent of correctly completed patient care reports.



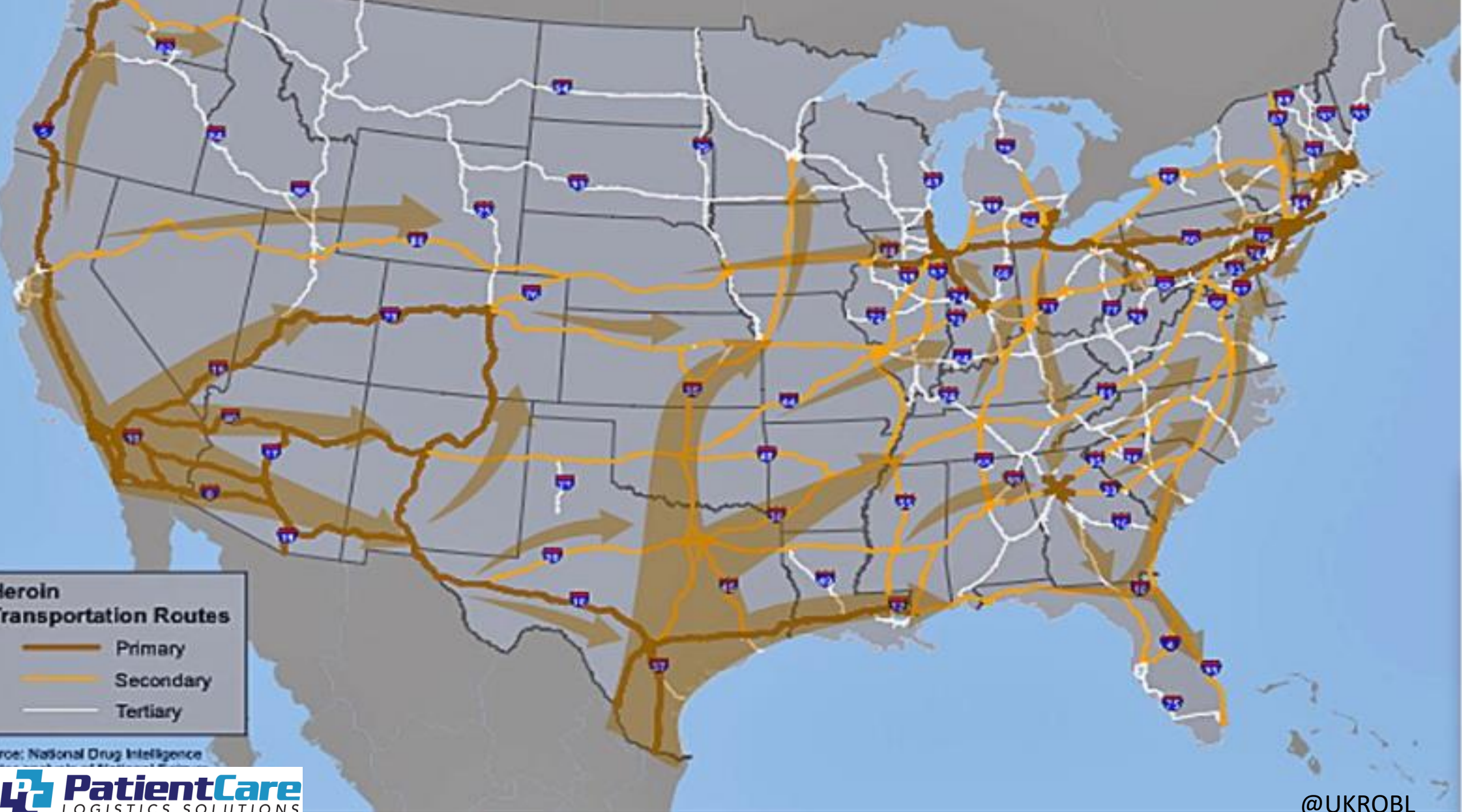
There's no business  
like blow business.

**NETFLIX**  
**NARCOS**  
A NETFLIX ORIGINAL SERIES

ALL EPISODES  
August 28



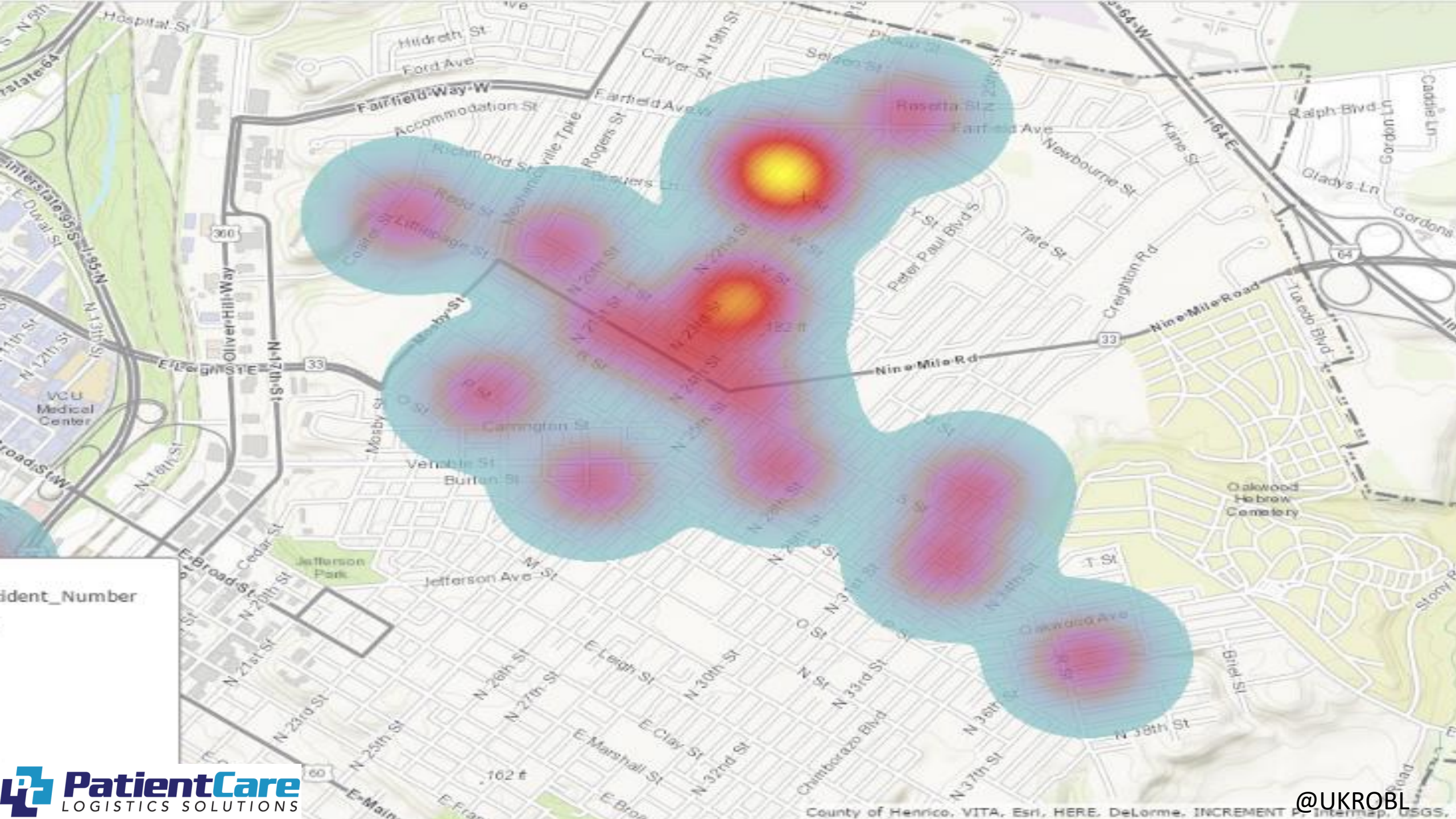






**I NARCANNED  
YOUR  
HONOR STUDENT**





Incident\_Number



SURGEON GENERAL'S WARNING:  
May Contain Carfentanyl  
and err...Some Peanuts

SURGEON GENERAL'S  
May Contain Car  
and err...Some

SURGEON GENERAL'S WARNING:  
May Contain Carfentanyl  
and err...Some Peanuts

SURGEON GENERAL'S WARNING:  
May Contain Carfentanyl  
and err...Some Peanuts

SURGEON GENERAL  
May Contain C  
and err...So

SURGEON GENERAL'S WARNING:  
May Contain Carfentanyl  
and err...Some Peanuts

SURGEON GENERAL'S WARNING:  
May Contain Carfentanyl  
and err...Some Peanuts

SURGEON GENER  
May Contain  
and err...S

SURGEON GENERAL'S WARNING:  
May Contain Carfentanyl  
and err...Some Peanuts

ARNING:  
ntanyl  
eanuts

DOB	Age	Gender	Ethnicity															
2/27/1981	36	M	W	1677430														
1/12/1963	53	M	W	1625773	1557141													
7/29/1952	64	M	B	1623836														
1/15/1997	20	F	H															
6/21/1995	22	F	W															
8/23/1994	22	F	W															
8/14/1992	24	M	W															
8/11/1992	24	F	W	1346124														
7/8/1991	25	M	B	1630823														
2/5/1990	27	M	W															
1/21/1988	29	M	W	1522565	1500114	1435972												
1/3/1988	29	M	W															
9/9/1987	29	M	W															
9/21/1985	31	M	W	1244012	1162385	1156926	1046888	1003772										
8/6/1985	31	M	W	1124221	1243351													
5/31/1985	32	F	W	943840														
3/31/1985	32	M	B															
4/15/1984	33	F	B	1649933	1603261	1533769	1467606	1413468	1361									
7/15/1983	33	F	B	1324335														
9/21/1982	34	M	W															
6/15/1982	35	M	W	1652414	1652215													
7/28/1980	36	M	B															
6/26/1980	37	F	W	1123934														
5/6/1977	40	M	W															
5/12/1976	41	M	W	1330737														
3/7/1974	43	F	B	1573656	1557356	1511177												
9/25/1973	43	M	B	1126333														



FirstWatch Analysis Tool

1. Specify Start Date/Time:  
(Can leave the box BLANK if Start Date/Time is 24 hours before the End Date/Time)

02/17/2016 00:00:00



2. Specify End Date/Time:

02/24/2016 23:59:59



3. Choose a view:

[Event List](#) [Reload](#)

[GraphIt](#) [Reload](#)

[MapShot](#) [Reload](#)

[Destination](#) [Reload](#)

[Historical Alerts](#)

[Time Series by Day](#)

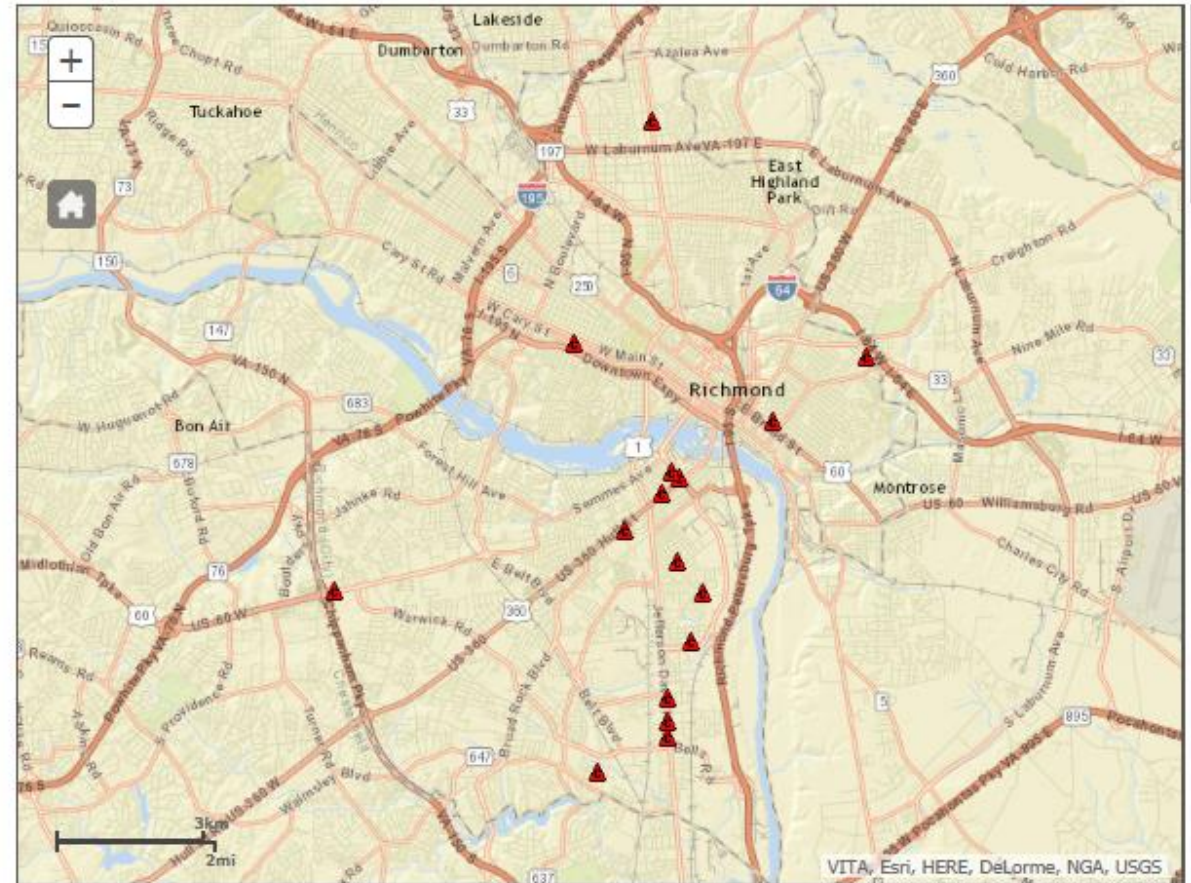
[Go back to Real-Time](#)

RAA - Possible Heroin Overdose MapShot

Map icons displayed represent active, completed or in queue calls between the hours of 2/17/2016 and 2/24/2016 11:59:59 PM that have

Data and Report from the FirstWatch™ Internet Server

Group By:  Map Size:   Show up to 500 of the most recent calls to reduce map clutter. [?](#)

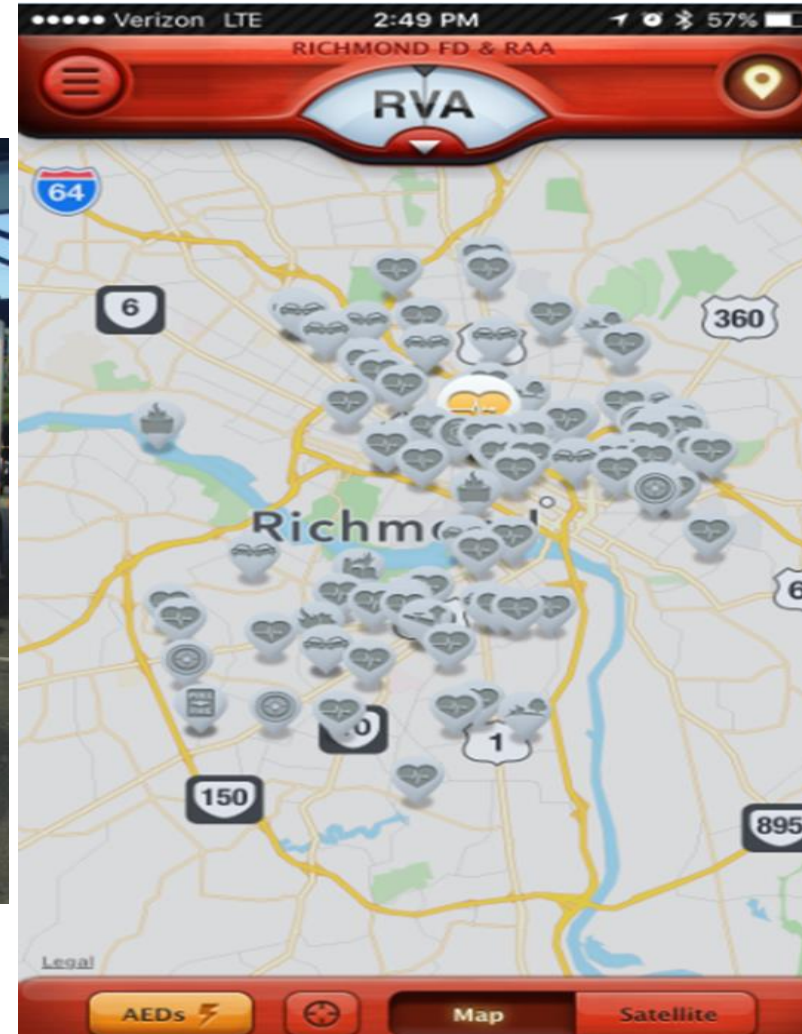
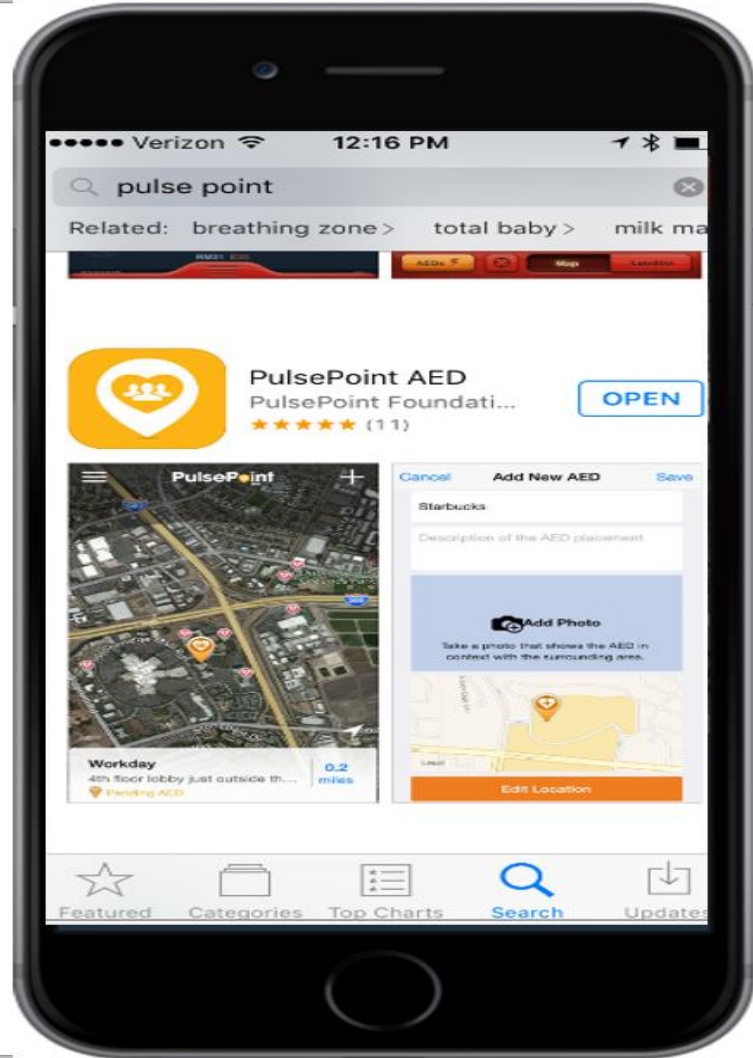




**REVIVE!**  
OPIOID OVERDOSE REVERSAL FOR VIRGINIA



# PulsePoint RESPOND





No matter how rapid the arrival of professional emergency responders, bystanders will always be first on the scene. A person who is bleeding can die from blood loss within five minutes, so it's important to quickly stop the blood loss.

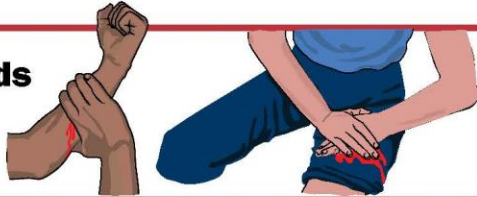
Remember to be aware of your surroundings and move yourself and the injured person to safety, if necessary.

**Call 911.**

Bystanders can take simple steps to keep the injured alive until appropriate medical care is available. Here are three actions that you can take to help save a life:

### 1. Apply Pressure with Hands

EXPOSE to find where the bleeding is coming from and apply FIRM, STEADY PRESSURE to the bleeding site with both hands if possible.



### 2. Apply Dressing and Press

EXPOSE to find where the bleeding is coming from and apply FIRM, STEADY PRESSURE to the bleeding site with bandages or clothing.

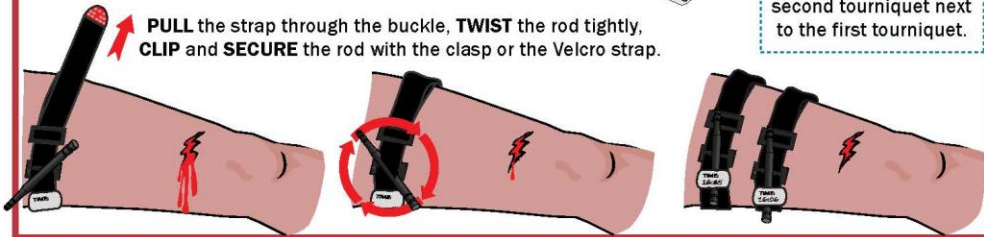


### 3. Apply Tourniquet(s)

If the bleeding doesn't stop, place a tourniquet as high on the extremity as possible above the wound. The tourniquet may be applied and secured over clothing.



If the bleeding still doesn't stop, place a second tourniquet next to the first tourniquet.



The 'Stop the Bleed' campaign was initiated by a federal interagency workgroup convened by the National Security Council Staff, The White House. The purpose of the campaign is to build national resilience by better preparing the public to save lives by raising awareness of basic actions to stop life-threatening bleeding following everyday emergencies and man-made and natural disasters. Advances made by military medicine and research in hemorrhage control during the wars in Afghanistan and Iraq have informed the work of this initiative which exemplifies translation of knowledge back to the homeland to the benefit of the general public. The Department of the Defense owns the 'Stop the Bleed' logo and phrase.



Va. public schools get Stop the Bleed kits and training

Richmond Public Schools received \$22,000 in life-saving blood control equipment as part of the national Stop the Bleed campaign



# Community paramedicine program showcased at Statehouse

Jim Johnson | [jjohnson@jrpress.com](mailto:jjohnson@jrpress.com) Feb 15, 2019 1



# MIH....



## Senate Bill 498



### Engrossed Senate Bill (H)

Authored by [Sen. Karen Tallian](#), [Sen. Ed Charbonneau](#), [Sen. Philip Boots](#).

Co-Authored by [Sen. Randall Head](#), [Sen. Michael Crider](#), [Sen. Lonnie Randolph](#), [Sen. Jean Breaux](#), [Sen. Eddie Melton](#), [Sen. Mike Bohacek](#).

Sponsored by [Rep. Timothy Brown](#), [Rep. Dan Forestal](#), [Rep. Cindy Kirchhofer](#).

### Authors / Co-Authors / Sponsors



### DIGEST

Mobile integration healthcare. Provides that the office of the secretary of family and social services may reimburse certain emergency medical services provider agencies for covered services provided to a Medicaid recipient as part of a mobile integration healthcare program. Amends the definition of "emergency medical services" to include transportation services, acute care, chronic condition services, or disease management services as part of a mobile integration healthcare program. Provides that the emergency medical services commission (commission), in consultation with the state department of health, may develop a mobile integration healthcare program and approve mobile integration healthcare program applications. Sets forth requirements [... View more](#)

.....transportation services, acute care, chronic condition services, or disease management services as part of a mobile integration healthcare program.

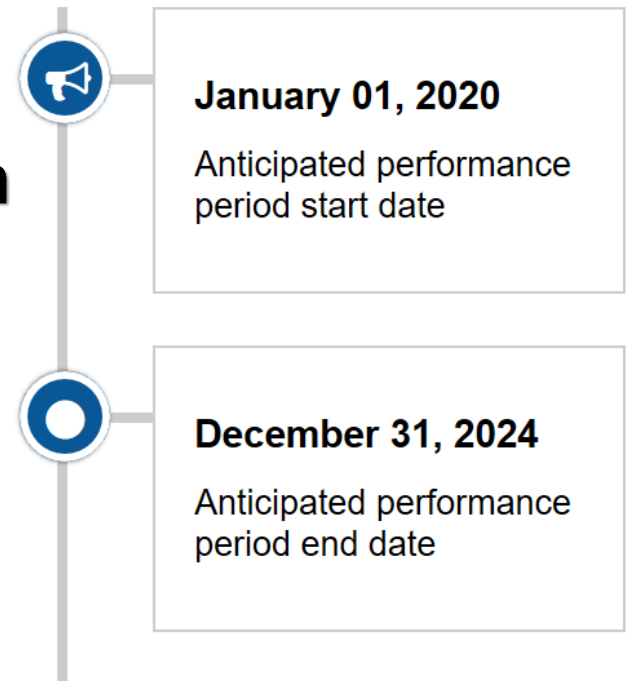
# Emergency Triage, Treat, and Transport (ET3) Model



**Pay participating ambulance suppliers and providers to:**

- 1) Transport an individual to a hospital emergency department (ED) or other destination covered under the regulations**
- 2) Transport to an alternative destination (such as a primary care doctor's office or an urgent care clinic)**
- 3) Provide treatment in place with a qualified health care practitioner, either on the scene or connected using telehealth**

## Timeline



## Integration

Prevention



EMS is available in every community.



EMS is fully mobile.



EMS can address patient needs 24/7.



EMS is an expected, respected and welcomed source of medical assessment and care in people's homes and throughout the community.



EMS provides highly reliable patient assessment and treatment in response to emergency, urgent or unscheduled episodes of illness or injury.



EMS is a practice of medicine provided under the medical direction and oversight of specialized physicians with unique knowledge of the delivery of healthcare in the out-of-hospital environment. EMS medical directors frequently coordinate with physicians of other specialties to enhance patient care.



Services provided as part of EMS 3.0 can effectively navigate patients needing urgent or unscheduled care through the healthcare system to ensure they receive the right care, in the right place, at the right time.



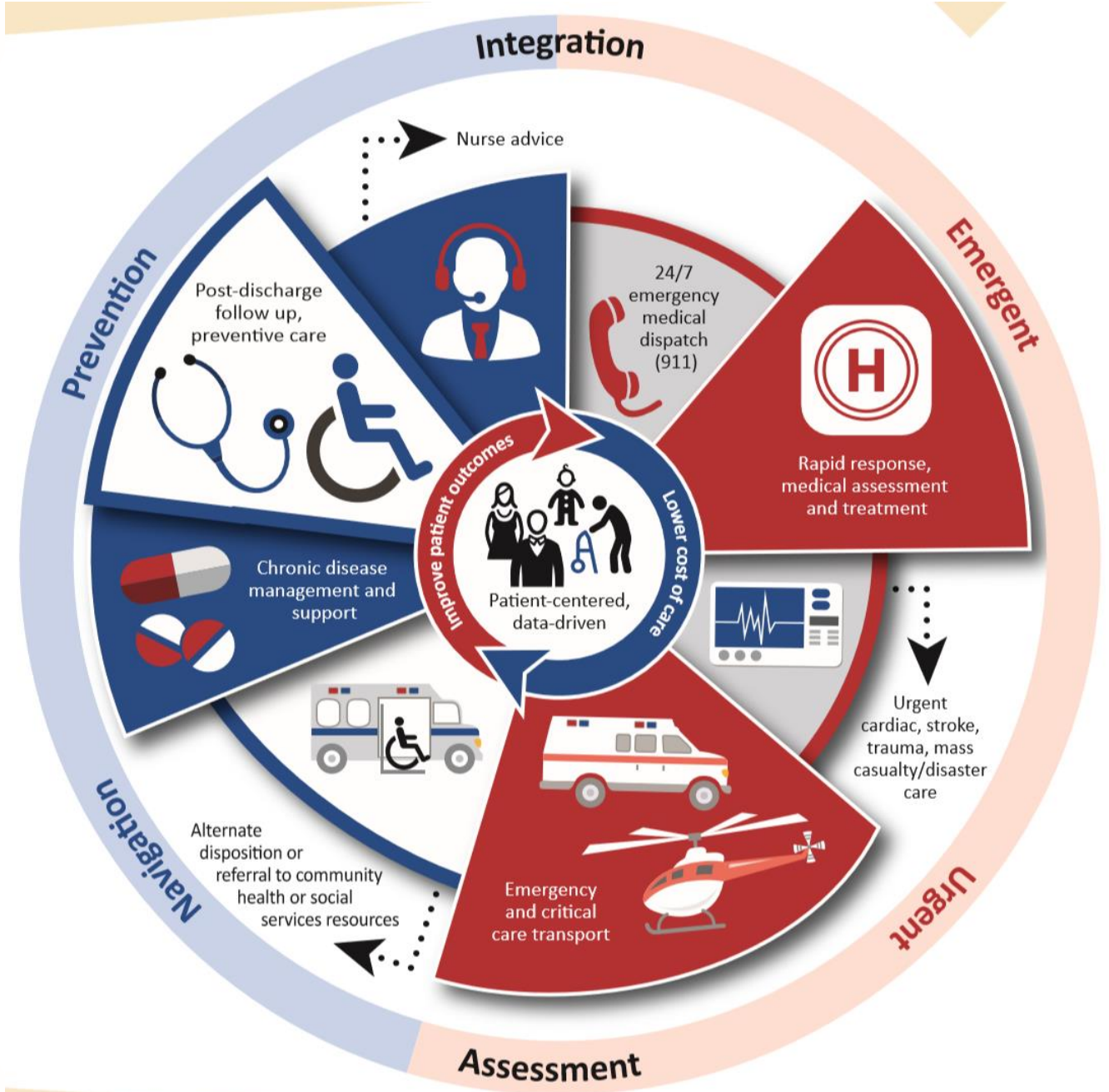
EMS 3.0 agencies fill gaps in patient care, preventing new or recurrent medical episodes to reduce ambulance transports, emergency department visits, hospital admissions and readmissions.



EMS 3.0 agencies coordinate and collaborate with a variety of community healthcare providers/agencies to deliver a broad spectrum of patient-centered preventive, primary, specialty, and/or rehabilitative care outside of medical facilities.

Emergent

Urgent



# EMS AGENDA 2050

## A People-Centered Vision



In 2050, EMS systems are designed to provide the best possible outcomes for patients and communities—every day and during major disasters. They collaborate with community partners and are integral to regional systems of care that are data-driven, evidence-based and safe. EMS clinicians have access to the resources they need, including up-to-date technology and training. **To achieve this vision, EMS systems in 2050 will be designed around six guiding principles.**

### ADAPTABLE AND INNOVATIVE

Technologies, system designs, educational programs and other aspects of EMS systems are continuously evaluated in order to meet the evolving needs of people and communities. Innovative individuals and organizations are encouraged to test ideas in a safe and systematic way and to implement effective new programs.

### INHERENTLY SAFE AND EFFECTIVE

The entire EMS system is designed to be inherently safe in order to minimize exposure of people to injury, infections, illness or stress. Decisions are made with the safety of patients, their families, clinicians and the public as a priority. Clinical care and operations are based on the best available evidence, allowing systems to deliver effective service that focuses on outcomes determined by the entire community, including the individuals receiving care.

### SUSTAINABLE AND EFFICIENT

EMS systems across the country have the resources they require to provide care in a fiscally responsible, sustainable framework that appropriately compensates clinicians. Efficient EMS systems provide value to the community, minimize waste and operate with transparency and accountability.



### INTEGRATED AND SEAMLESS

Healthcare systems, including EMS, are fully integrated. Additionally, local EMS services collaborate frequently with community partners, including public safety agencies, public health, social services and public works. Communication and coordination across the care continuum are seamless, leaving people with a feeling that one system, comprising many integrated parts, is caring for them and their families.

### SOCIALLY EQUITABLE

Access to care, quality of care and outcomes are not determined by age, socioeconomic status, gender, ethnicity, geography or other social determinants. Caregivers feel confident and prepared when caring for children, people who speak different languages, persons with disabilities or other populations that they may not interact with frequently.

### RELIABLE AND PREPARED

EMS care is consistent, compassionate and guided by evidence—no matter when or where it is needed or who is providing the care. EMS systems are prepared for anything by being scalable and able to respond to fluctuations in day-to-day demand, as well as major events, both planned and unplanned.

**THE FUTURE STARTS NOW** >>>>>>>>

Join us in 2050 and help make the vision a reality.



# EMS 2050

# AGENDA

## Envision the Future

# Final Thoughts

## Internationally:

There is never nothing to do!

We are THE Last Great Health and Social Care Safety Net

We are at the Epicenter of Public Health & Healthcare Solutions

Pre Hospital Research is the Key

More than Amazon.....EMS is #Morethanaride

Response Times – We are damned if we do and damned if we don't!

This is not a job... it's a way of life



## Chuck Norris' Fanny Pack

Where he keeps the souls of all his roundhouse victims.

**THANK YOU**



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[@ukrobl](#)