

- * Components of EMS Systems

- * What things make up the EMS System?



- * Things that effected EMS?
 - EMS Act of 1973
 - Mandated components

- * Communications
- * Personnel (manpower)
- * Training
- * Use of public agencies
- * Units (transportation)
- * Mutual aid

- * Facilities
- * Accessibility of care
- * Critical care units
- * Transfer of patients
- * Standard records
- * Review and evaluation

- * Consumer education and participation
- * Disaster (agency) linkage

- * Communications

- Formerly just radios but now includes UHF (including 800 – 900) and cellular telephones

- * Manpower

- This is having adequately trained and educated personnel available

- * Training

- Once done in rescue squads, fire houses and town halls now in colleges and universities

- * Public agencies

- Like using EMS and fire departments to deliver emergency care

- * Transportation

- Ground, air
- Public and private

- * Mutual Aid

- Agreements with neighboring counties / agencies (including privates)

- * Facilities

- Requires prioritization of types of facilities and designation of types

- * Accessibility

- Without regard of payment

- * CCU

- Like trauma centers and specialty centers

- * Transfer

- Once treated, long term care and rehabilitation may be needed

- * Records

- Use of standard data points
- Paper and electronic (or hybrid)

- * Review
 - Like CAAS and CoAEMSP
- * Consumer Education
 - “Make the Right Call”
 - Seatbelt use
 - Drunk driving awareness

- * Consumer participation
 - Regional advisory board
- * Disaster linkage
 - Being prepared to handle multifaceted disasters

- * EMS agenda for the future
 - New thinking

Attributes of an EMS System

- * Integration
 - Moving from just out-of-hospital
- * Research
 - Evidence based medicine

- * Finance
 - Medicare, Medicaid and HMOs
- * Human resources
 - People, training, education and availability

- * Medical Direction
 - Moving from “control”
- * Education
 - Moving to higher education models

- * Public Education
 - Safety awareness and care
- * Prevention
 - Health and wellness

- * Public access
 - Universal access via 911
 - * GPS
- * Communication
 - Interpersonal
 - Hardware, software changes

- * Clinical care
 - Basic to advanced
- * Information systems
 - Data collection and use
 - * HIPAA

- * Evaluation
 - More than simple “test”
 - Based upon solid theory and practice
 - * Many models that work

Critical Areas of EMS

- * Major trauma
- * Burn injuries
- * Spinal cord injuries
- * Acute coronary care
- * Poisonings
- * High risk infants and mothers
- * Behavioral and psychiatric

Lead Agency

- * EMSA requires a designation of a “lead EMS agency”.
 - Has responsibility of managing grant distributions, regulations, oversight, licensure, certification

- * Who is that lead agency in KY?
- * Where is it located?
- * What are its powers?
- * What are its limitations?