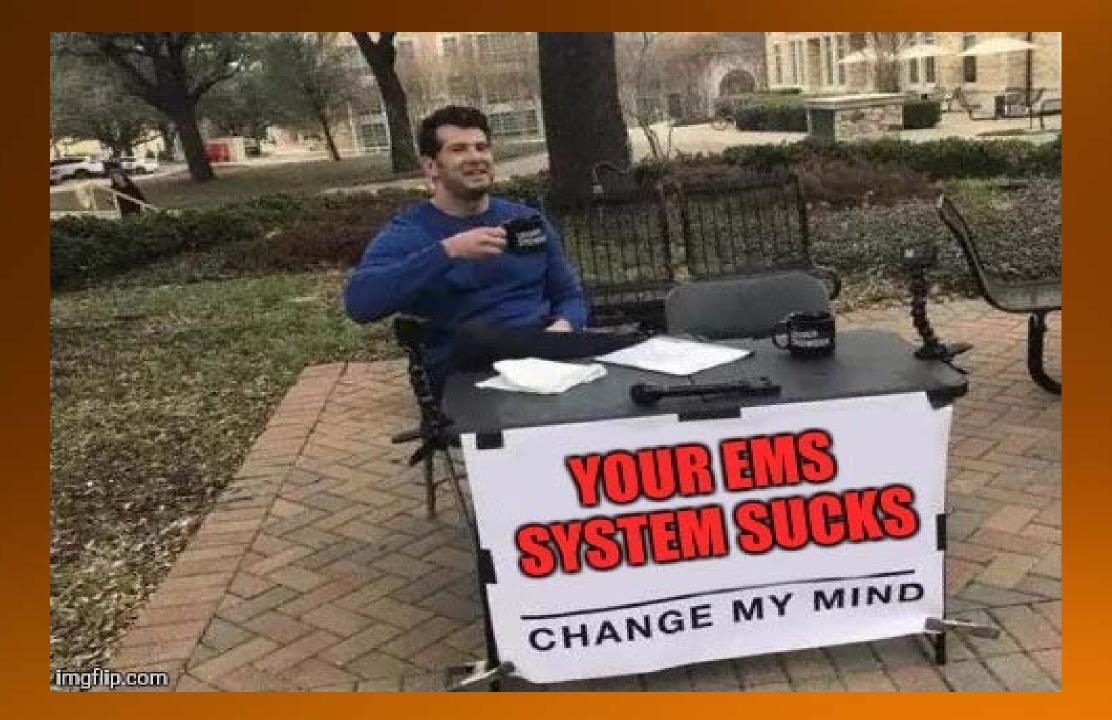
YOU CALL IT "SYSTEM ABUSE"?? I Call it System USE!!



Redesigning Square Peg Systems to Meet Round Hole needs

Presented by Gene Iannuzzí, RN, MPA, CEN, EMT-P/CIC









" We Could Be HEROES, Just for One Day"

(#TYFYS)











• This city is headed for a disaster of biblical proportions.

What he means is Old Testament, real wrath-of-God type stuff! Fire and brimstone coming down from the skies! Rivers and seas boiling, Forty years of darkness! Earthquakes, volcanoes... The dead rising from the grave. Human sacrifice, dogs and cats living together – mass hysteria!





So Let Me Get This Straight

- We're in service, 24/7/365!
- Always Ready!
- When no one else will come, we will!
- We're the last line of defense against the reaper!

DON'T GUESS — CALL EMS!

Umm...well....



- ONLY if it's a true emergency,
- Which I will decide,
- Which I will then lecture and berate you about,
- Because you made a poor decision,
- Which you made because you don't know anything about medicine,
- And don't have many alternatives,
- Or don't know about them, but
- YOUR IGNORANCE IS NO EXCUSE!!
- (and besides, I'M HERETO SAVE YOUR ASS, NOT KISS IT!)

"....A major source of objection to a free economy is precisely that it....gives people what they want instead of what a particular group thinks they ought to want" - Milton Friedman, Economist

Not exactly EMS, but has "EMS" written all over it!

Like it or not...It's your primary job



"The vast majority of EMS calls do not involve saving lives, but rather solving problems for people in need. Too often, instead of meeting their needs, we demand that they meet ours."

But THIS is BLATANT ABUSE!!!



Are these not residents of your community?

- The frail elderly with limited ability to care for themselves?
- The chronically sick person with no family support?
- The poor or poorly insured?
- The uneducated?
- The teen mother?
- The substance abuser?
- The homeless?
- Those with mental health problems?
- Residents of nursing homes and assisted living facilities?
- PEOPLE WITH LIMITED MEDICAL KNOWLEDGE OR ACCESS TO CARE?

"What a crock of bleeding heart nonsense! What about the guy I had who was waiting downstairs with three suitcases so we could take him to his

clinic appointment!"



Sure...I've seen that guy too!!



What Contributes to Non-Emergent EMS Use:

- Fewer hospitals
- Demographic shifts
- Changes in insurance practices
- Absence of primary care physicians
- Limited physician hours and messages
- Transportation limitations
- Lack of medical knowledge
- OUR OWN MESSAGES THAT WE SEND TO THE PUBLIC!!
- And...RARELY....actual intentional abuse



New law establishes fine if Holmdel First Aid Squad called for non-emergency transport

Kelly Giuliano, Staff Writer
Jul 24, 2018 Updated 11 min ago

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entraljersey.com



Can Triage Nurses Help Prevent 911 Overload?

April 19, 20185:00 AM ET Heard on NPR Radio/"All Things Considered"



What a GREAT new idea!!
Screening out calls!

(.....first tried in the 1970s....not even vaguely new.....)

Another Average Day in EMS Land

FANTASY

•PUT THE MEDIC IN A FLY CAR! SAVE THEM FOR REAL CALLS!

REALITY

• HAVE THE MEDIC WAIT ON SCENE ALONE WHILE TONES GO OUT FOR MUTUAL AID!!

VEHICLE IDENTIFICATION GUIDE

This is an AMBULANCE

Use this if...

You've been shot
You've been stabbed
Your heart is not beating
You are having a stroke
You've severed a limb
You are not breathing

This is a <u>TAXI</u>

Use this if...

You need a prescription refilled
You stubbed your toe
You have a toothache
You have a sore throat
It burns when you pee

KNOW THE DIFFERENCE

Since the 1970's, we've tried

- Priority dispatch
- Screening out procedures
- Provider initiated refusals
- Fly cars and first response screening
- Public education

BUT CALL VOLUME KEEPS GOING UP!

Which is GOOD!!

Instead of trying to fit the square peg into the round hole AGAIN...

How about we try something NEW that will address the REAL problems??





Aug 30, 2018

By Brian Rittmeyer
The Valley News-Dispatch
PITTSBURGH

Healthcare company to pay EMS agencies when patients not taken to hospital

Highmark will reimburse ambulance companies for certain calls where patients aren't taken to hospitals as part of a new "treat-and-release" program. (Photo/Highmark)

Under the pilot program, Highmark will contract with and reimburse participating emergency medical services for treating patients age 18 and older who have low blood sugar, asthma attacks and seizure disorders, without the requirement of being taken to an emergency department.

https://www.ems1.com/billing-and-administration/articles/390234048-Healthcare-company-to-pay-EMS-agencies-when-patients-not-taken-to-hospital/

Ford expands GoRide medical transport service with Detroit Medical Center partnership

By Kurt Nagl | September 4, 2018 / Modern HealthCare

Ford Motor Co. is partnering with the Detroit Medical Center to expand a medical transport service it piloted late last year.

The Dearborn-based automaker now offers its GoRide service at the health system's Detroit Receiving Hospital, Children's Hospital of Michigan, the Rehabilitation Institute of Michigan, Sinai-Grace Hospital, Huron Valley-Sinai Hospital, DMC Heart Hospital, Harper University Hospital and Hutzel Women's Hospital, as well as approved physician partners, according to a Ford news release.

"Too often, patients miss medical appointments simply because it's too hard to find transportation they can consistently count on," Marion Harris, vice president of Ford's Mobility Business Group, said in the release. "GoRide tackles this problem by providing a human-centered service that is reliable ..."





http://www.modernhealthcare.com/article/ 20180904/NEWS/180909991?itx[idio]=608 4667&ito=792&itq=9740c405-86bd-4826a7bo-beo8ff783d3b The service, delivered by specially-outfitted Ford Transit vans, offers bedside-to-bedside transportation and wheelchair accessibility with a 97% on-time pickup rate, according to Ford. It will pick up and deliver from homes, nursing homes and medical facilities.

GoRide is part of the automaker's Ford Smart Mobility LLC, which aims to invest in and grow emerging mobility services. Ford joins other rideshare services, such as Uber, Lyft and SPLT, that have deployed medical transport services in metro Detroit.

Drivers receive "extensive training" in safety, sensitivity and patient rights, according to the news release. They are trained in CPR.

Uber for urgent care: New venture aims to ease burden on New Orleans EMS, emergency rooms

https://www.theadvocate.com/new_orleans/news/article_45bc7d50-6441-11e8-8544-afa1a0a71bbf.html



With Ready Responders.... a New Orleanian who needs a doctor but doesn't have an emergency will be able to call the pair's start-up, rather than an ambulance. A trained paramedic will head to the scene in his private vehicle, assess the patient and call a doctor for further review.



"They hope eventually to receive referrals from the city's 911 dispatch center, a move they say could let the city's Emergency Medical Services personnel focus on actual lifethreatening emergencies."

"It's maybe 10 percent or less of callers that actually need the lights and sirens," said Swig, a former New Orleans EMS paramedic. "They don't need to spend a lot of money, or wait hours and hours. They can be treated in their home."

"We don't compete with EMS, and we don't compete with ambulance services," he said. "We hope to partner, obviously, with EMS, and we hope to partner with private ambulance services, because we think there is a gap in care that we are filling."





"REAL-TIME CARE

Call9 embeds highly-skilled first-responders (known as Clinical Care Specialists or CCSs) on-site, in nursing homes and rehab centers, giving patients 24/7 real-time access to emergency care.

"ALTERNATIVE TO 911

Call9 decreases unplanned hospital visits and ambulance utilization by over 50% for patients in skilled nursing facilities by bringing the Emergency Department to the bedside. Call9 is focused on improving quality of care in the comfort and familiarity of patients' beds.

AN UNDERSERVED, VULNERABLE POPULATION

19% of all hospital transports originate from nursing homes and rehab centers. Call9 is able to deliver superior care to this vulnerable population, while significantly reducing the cost of care by avoiding harmful and unnecessary trips to hospital."

https://www.call9.com



Is this "the" answer??

communityparamedic.org

Community paramedicine is a relatively new and evolving healthcare model. It allows paramedics and emergency medical technicians (EMTs) to operate in expanded roles by assisting with public health and primary healthcare and preventive services to underserved populations in the community.

It's the Community, but not a paramedic ©



- Public health/community nurses have been around since the early 1900s
- The concept of preventive care in the home is not new
- In the 1980's, with hospitals closing and care models changing, Visiting Nurse Services were greatly expanded
- There is no doubt that they reduced hospital stays and prevented hospitalizations
- They were touted as "the answer" by many
- They weren't, but remain a part of the solution So will community paramedicine
- The regulatory environment still presents incredible challenges to community nursing and limits services AND WILL FOR COMMUNITY MEDICS TOO!



ERIC BURDON & JIMMY WITHERSPOON

The Laws Must Change Lyrics

The time must surely come For the laws to fit the times The time must surely come For the laws to fit the times

But while the law is standing You gotta open up your minds

Some Parting Thoughts

- Most of what people think of as "abuse" is because of old ideas or misplaced self image—or outright disdain for patients
- The "old days" are GONE
- It's their needs, not yours
- Caregivers solve problems, and don't resent people for having them
- People need alternatives
- No one change is "THE ANSWER"
- Disruptive ideas and technology are coming to EMS
- If your first response is "that will never work" YOU ARE PART OF THE PROBLEM!

Your choice:





JAKE-CLARK. TUMBER