

Key System Drivers

Response Time

- 8:59 does it matter? Where did it come from?
- When does the clock start?
- BLS vs. ALS
- Science-driven or customer driven (ALS & 8:59)
- Geographic coverage area—variations
- Should you move assets to improve response times

Priority Dispatch

- Categorizes acuity level of calls
- Allows the system to send appropriate resources based on the type of call
- May allow non-transport scope of services
- Significant link between dispatch and reimbursement
- Defensible (legally and media perception)
- Facilitates resource management

The Quality Movement

- Fragmented
- No clear benchmarks to measure against
- Focus on chart review, individual performance
- Lack of training for good quality management
- “Got cha” processes

Modular Ambulance & Safety

- KKK specs do not adequately cover safety
- Need for accountability for drivers
- No start without seatbelts
- Mechanical CPR
- Restraints for attendants in back
- Downsizing to be closer to patients
- Better balance and interior design
- Better visibility

Pre-hospital Litigation

- EMS Standard of Care, after 1965 White Paper
- Made industry accountable
- Employment law is most serious risk area
- QA processes
- Increases cost of health care
- Employee interpersonal skills may mitigate risk
- Policies on acknowledging/disclosing errors
- Unmet public expectations
- Accidents / Actual Negligence / Demographics

Personnel Retention

- Retention is huge issue
- Losing employees costs real money
- Readily available personnel in 1970's
- Different generation ("Y", millennial)
- Leave job because of lack of engagement, career opportunities, challenges
- Budget for turnover, incentives
- Invest in leadership

Medicare Funding

- Started in 1960's with reimbursement for medical TRANSPORT
- Constraints on reimbursement affecting EMS operations
- More scrutiny by CMS on documentation, care, level of service
- Reimbursement may limit services provided to communities

Increased Subsidy Need

- Historically, limited subsidies required
- With increased costs, lowered reimbursement, and higher expectations may require new or additional subsidies
- Must develop relationships with communities and policy-makers in preparation for financial assistance

Key Technology Events

- e-PCRs
 - Reflection of computerization
 - Limited by having no data standards
 - Improved cash flow
 - Medical surveillance
 - Better Quality Management
 - System integration (ECGs, signatures, etc.)
 - Provides data for informed decision-making
 - National data standards will increase value
 - One patient record, data sharing among providers, patient chips with info
 - Remote diagnostics linking with healthcare system/EMS
- Video transmission (e.g. Drs. viewing patients)

Other Drivers

- Globalization