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?