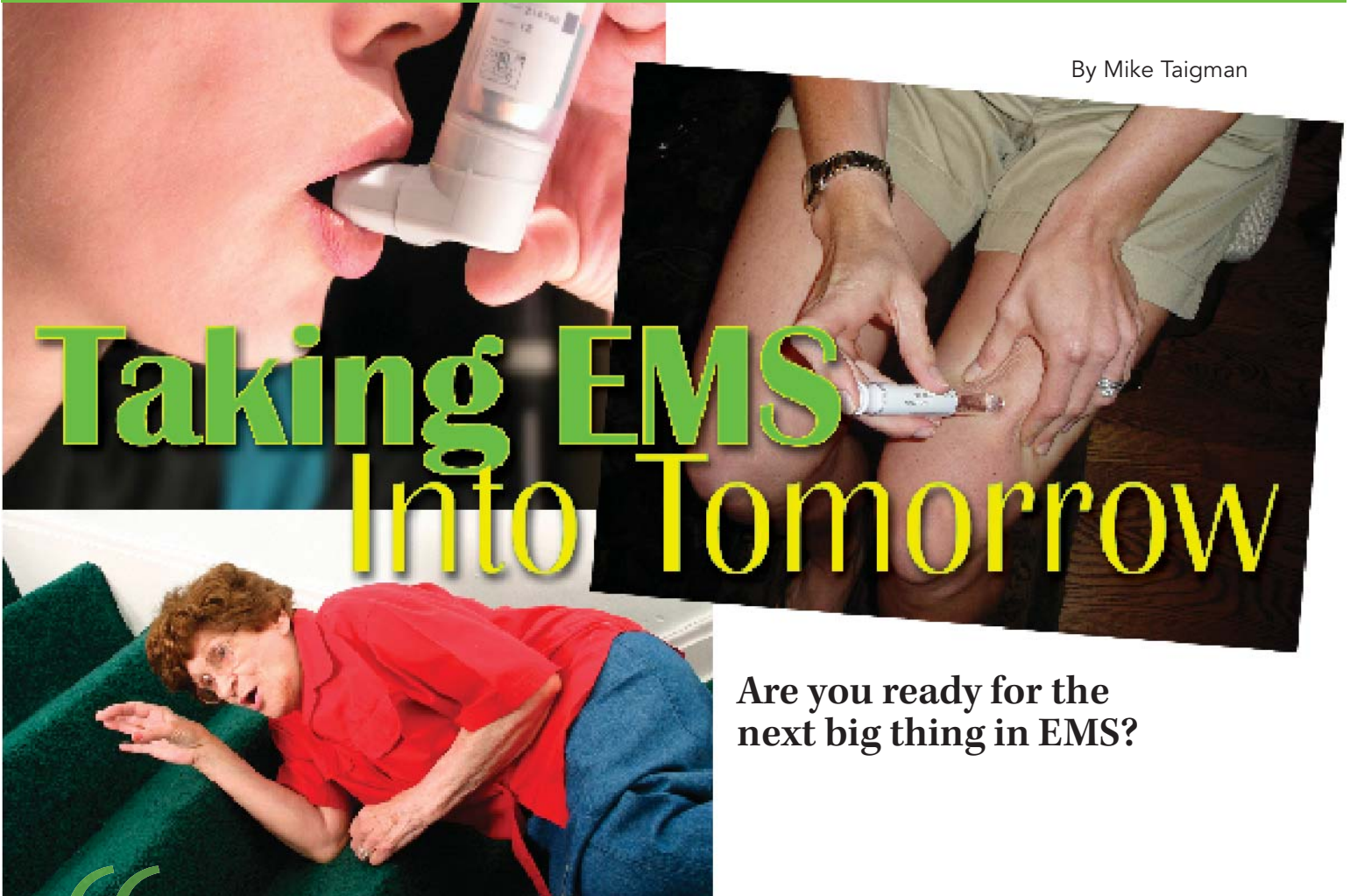


By Mike Taigman



Taking EMS Into Tomorrow

Are you ready for the next big thing in EMS?

“The answer to the question of what’s next for EMS systems involves a combination of chronic disease management, public-health partnerships, prevention and deep listening to the needs of our customers.”

Ask any group of paramedics who the frequent-flyer diabetics are in their service areas, and they’ll tell you where the good veins are on these patients. More often than not, we’ll wake someone up with a little IV sugar, and they’ll say they don’t want to go to the hospital. We’ll tell them to eat something more substantial than Nacho Cheese Doritos and call us back if they have any more problems. Get a signed refusal, and we’re back in service.

Most first responders can give you detailed directions to the homes of people who regularly call because they’ve fallen and can’t get up. We’ll show up, make sure they’re not hurt and help them to the bathroom, then back to

bed. Chances are we won’t even fill out a patient care report; we’ll just tell dispatch we’re back in service after a public assist or a “reset the occupant.”

These routine calls don’t get much airplay back at the station. They don’t generate an automatic QA review. Yet these kinds of calls hold the potential to allow EMS systems to save more lives and prevent more suffering and disability than we could by having an AED on every street corner.

What’s going to be the next big thing in EMS? Will it be a new treatment device—perhaps a self-installing CPR vest that delivers sternal intraosseous medications, while filling the lungs with frozen slurry, as it wirelessly notifies the

operating room resuscitation team on their video iPods? Will it be a new medication—something that stops internal bleeding in trauma patients while improving their IQ? Will it be a new diagnostic device—something that provides a whole-body CAT scan, fits in the front pocket of your trauma bag and makes skinny decaf soy lattes?

Management guru Peter F. Drucker once said, “The best way to predict the future is to create it.” While over the last few decades we’ve steadily improved our ability to reanimate people whose hearts have stopped beating, and our systems have advanced so that fewer people die from trauma, it’s been a long time since we’ve made significant improvements that help lots of people. The rest of healthcare, however, is making dramatic improvements. In December 2004, the Institute for Healthcare Improvement (IHI) launched its 100,000 Lives campaign. The motivation for this proj-

- Make heart-attack care absolutely reliable;
- Stop medication errors.

As he spoke, a couple of simple improvements that EMS systems could implement popped into my mind. We could improve our hand-washing systems and processes, which in hospitals dramatically decreases IV-related infections. We could help local hospitals develop and train their rapid-response teams, which function something like in-house paramedic teams. We can double-check our cardiac chest pain protocols to make sure patients get aspirin early. We can make sure all of our systems are working closely with their local cardiologists to ensure that MI patients are identified early and transported to places where they can get either stents or clot-busting drugs quickly. But while these actions would contribute to the overall improvement of healthcare, they don’t seem like enough.

Anatole France, who won the Nobel Prize for literature, said, “To accomplish great things, we must not only act, but also dream; not only plan, but also believe.”

ect came from the 1999 Institute of Medicine report that concluded that nearly 100,000 people die in hospitals each year—not as a result of their diseases or injuries, but because of injuries and infections caused by their medical care.

As I sat in an audience of over 10,000 physicians, hospital administrators and medical-school professors listening to IHI president Don Berwick, MD, lay out their plans, I wondered how EMS systems could contribute. Berwick described six areas in which hospitals could dramatically decrease deaths caused by treatment:

- Prevent respirator pneumonia;
- Prevent IV-catheter infections;
- Stop surgical-site infections;
- Rapid-response teams in hospitals;

The time has come for us to fundamentally change the role of EMS systems in our communities. We have resources, competencies and relationships that no other part of the healthcare system has. We can identify community disease patterns faster than most public-health departments. We understand the geographic patterns of injury and disease in our communities. People trust us in their homes, neighborhoods and workplaces. They trust us with some of the most vulnerable aspects of their lives. With our patient record systems, we know who the sickest people are in our areas. When we run calls to the homes of people with chronic diseases, we can tell who is taking good care of themselves and who isn’t.

The reality is that we are pretty darn good at responding to and taking care of sudden injuries and illnesses in our communities. Some EMS systems have embraced prevention measures like child car seat inspections, pool-safety education to reduce drownings, and prom night DUI programs. The answer to the question of what’s next for EMS systems involves a combination of chronic disease management, public-health partnerships, prevention and deep listening to the needs of our customers. Here are some possible objectives for the radical improvement—and even transformation—of what EMS systems offer their communities:

- Facilitate the self-care of brittle diabetics.
- Help families decrease the number of asthma attacks that send their children to emergency departments.
- Help decrease the chance that the elderly will fall in their homes.
- Help chronic CHF patients take better care of themselves so that they avoid the exacerbations that cause them to be admitted to hospitals.
- Deliver all patients to hospitals pain-free.

Some people will read this list and say, “That’s not EMS’s responsibility.” Others will think, “That doesn’t sound as cool as dropping tubes, venting chests and saving lives.” Still others will say, “I’m not willing to take on that liability.”

Over the next several months, EMS Magazine will run a series of articles that will show you the monumental difference we could be making in the lives of hundreds of thousands of people. We will share specific actions that can be put into place in your EMS systems. This may be the beginning of a revolution in our world. The bus is leaving, and you won’t want to be left behind. ■

Mike Taigman is a lifelong student who has been involved with EMS for over 30 years. He works with EMS systems worldwide, helping them take better care of their employees and the people they serve. For more, see www.miketaignman.com.