



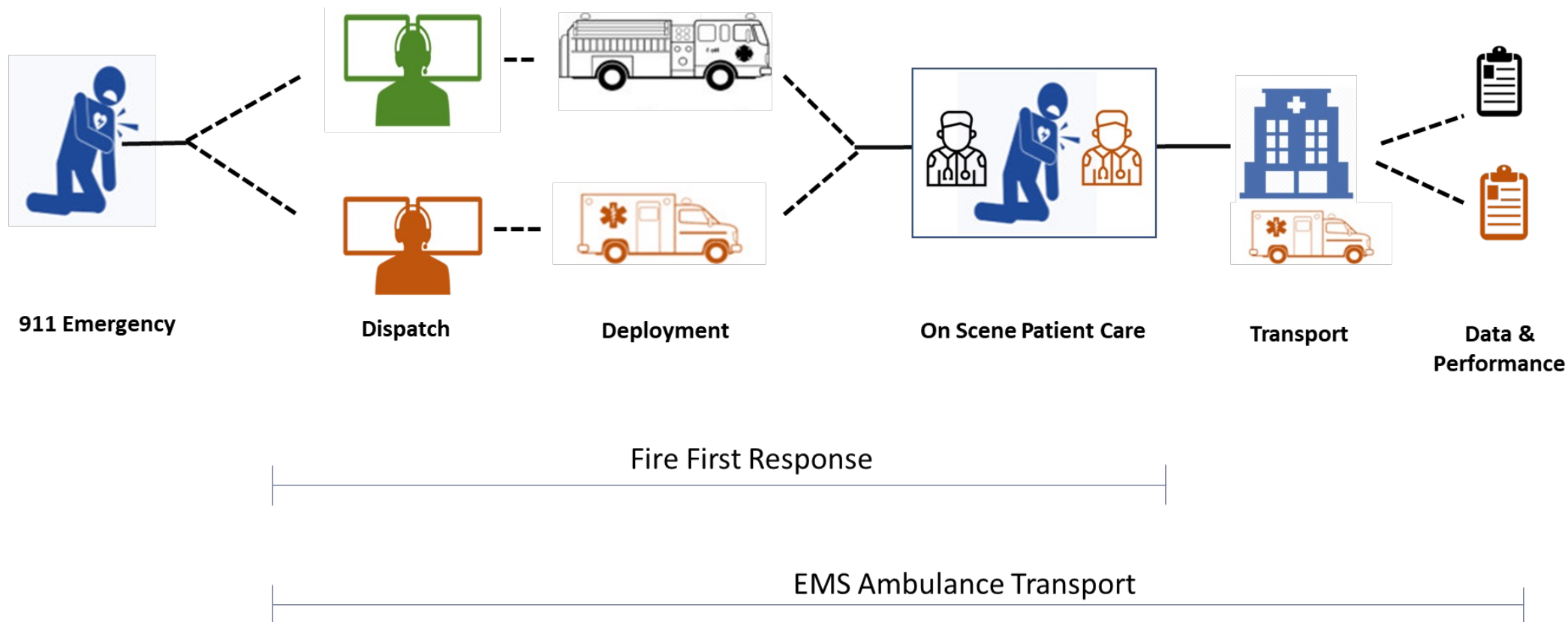
Ground Ambulance & Patient Billing Advisory Committee

Anatomy of an EMS Call



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What happens when someone calls 9-1-1?



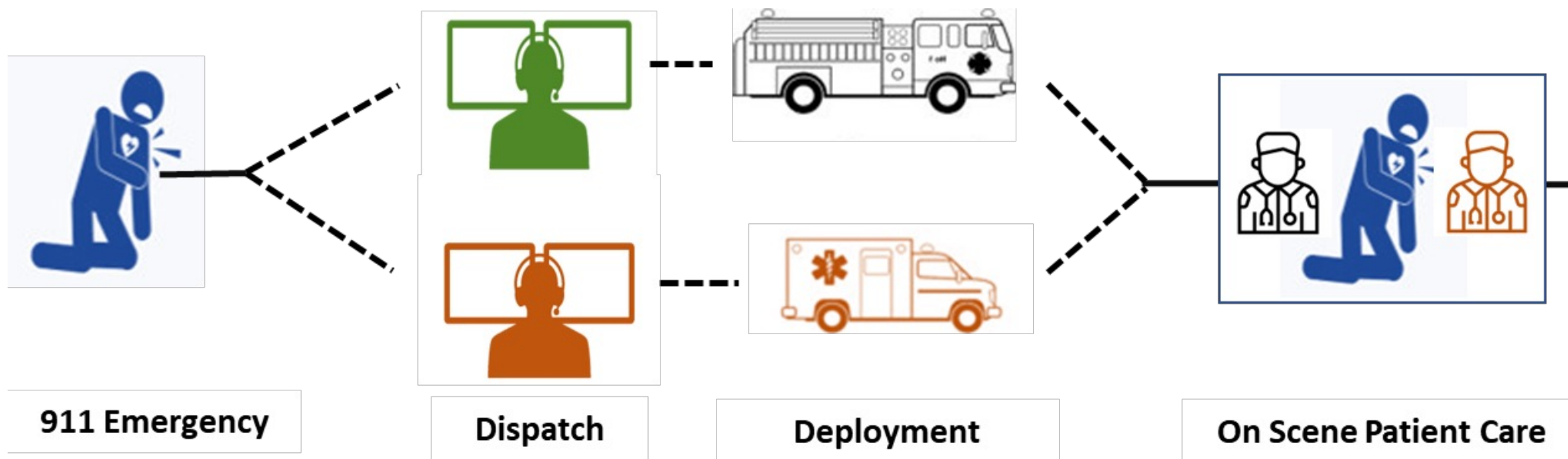


First...the
emergency
happens

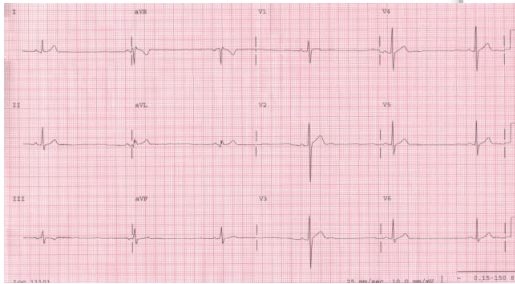
Call to 9-1-1

- Public Safety Answering Point
- Determines appropriate resources
 - How many units
 - ALS vs BLS
 - Code 1 vs Code 3
- Provide pre-arrival instructions (PAIs)
 - Identify cardiac arrest in less than 60 seconds and start CPR
 - Bleeding
 - Choking





On Scene Patient Care



REGIONAL EMS CONSORTIUM

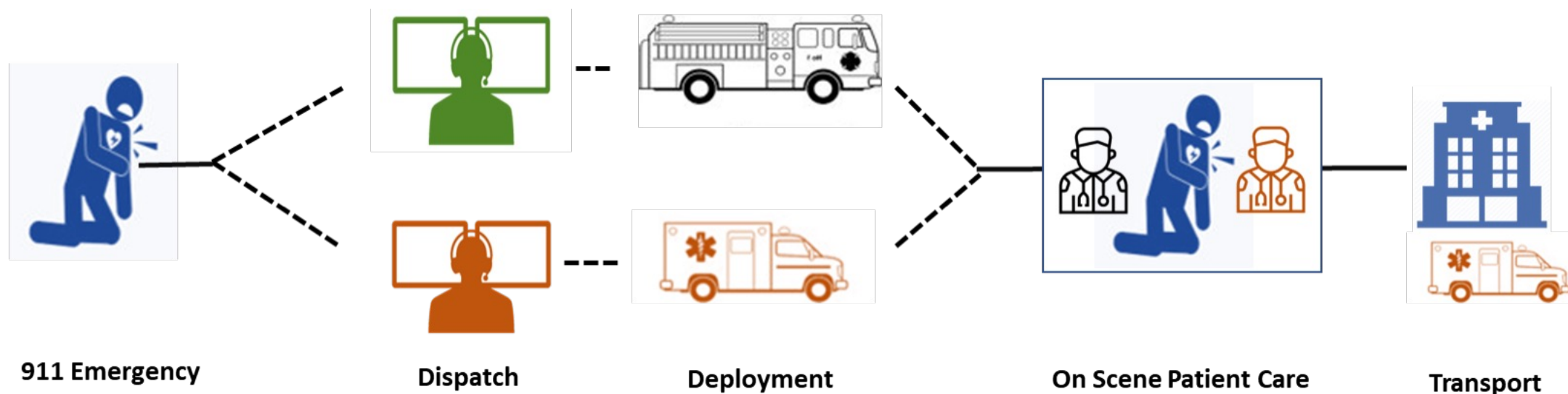
PATIENT TREATMENT
PROTOCOLS

Policies &
Procedures



Where to Transport?

- Closest hospital?
- Trauma center?
- Cardiac center?
- Pediatric center?



Putting it all Together

- Warning: actual footage of a cardiac arrest call
 - Patient survives and is interviewed in video
- Video was created by American Medical Response for celebration of EMS week
- Video is publicly available



Other Critical Pieces of Information

- In most systems, between 25%-33% of dispatches result in a non-transport. Clinical situations that this might include are:
 - Diabetic emergencies (low blood sugar)
 - Overdoses that are reversed
 - Minor trauma
 - Other situations where the patients refuse transport
- CMS EMS partnerships with the Emergency Triage, and Transport (ET3) Model
- Systems are starting implement nurse triage into the 9-1-1 process
- Mobile integrated healthcare/community paramedicine
 - Frequent utilizers
 - Readmission reduction
 - High risk populations

Conclusion

- EMS is a component of health care
- That health care begins as soon as 9-1-1 is called
- Clinical care in the field requires significant
 - Education
 - Training
 - Policy development
 - Coordination of resources

Acknowledgements

- Tim Case and Ben Sorenson
 - Initial anatomy of a call presentation for Washington County, OR meeting
- Mike Verkest
 - Creator of Cardiac Arrest video