

The National Academies Transportation Research Board EMS Safety Subcommittee

Ambulance Transport Safety Summit
Washington, District of Columbia
October 29, 2009
Summary

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EMS Safety Summit Wrap Up

- Burden/Benefit
 - Safety Data
 - Multiple datasets – not interoperable, huge holes
 - Inconsistent definitions, incomplete collection
 - Economics
 - Vehicles: small fortune; crashes: many fortunes
 - Data-driven business and insurance case is strong
 - Ethics and Risk/Benefit
 - Decision rules ↓ crashes, but few use them
 - Technology also ↓ crashes, but few have it



EMS Safety Summit Wrap Up

- Transport System Management
 - Fleet/Vehicle Operations Safety
 - Safety program/culture – crashes ↓ 60%
 - “Trust, but verify” – vehicle “black boxes”
 - Align rewards with safety, not profit
 - Operations Management
 - EMD ↓ hot responses, hence crashes
 - ITS: great promise in ↓ crashes
 - Dynamic deployment, visual systems ↓ crashes



EMS Safety Summit Wrap Up

- Vehicle Safety – Assessment and Design
 - Vehicles
 - Our engineering colleagues are way ahead of us
 - Special Populations – Pediatric to Bariatric
 - Special populations → illustrative solutions
- Information Sharing and Research Priorities
 - Knowledge Transfer/Dissemination
 - The world is large...our “worlds” are small, and insular
 - Standards/Specifications/Policy
 - For vehicles, not patients or providers...*must* change!



Bird’s Eye View

- Self evident truths
 - Constitutional history: division/separation of powers
 - We’ve got to change our way of facilitating progress
 - First few minutes of resuscitation are most critical
 - But the last few consume far greater resources
 - EMS mostly *not* about cardiac arrest/major trauma
 - But EMS still funded for resurrection not resuscitation
 - Iron Triangle: good, cheap, fast – pick any two
 - “Need, greed, and speed is how you get stung” (Hoving)



Bird’s Eye View

- Public health truths
 - The population is growing...and aging
 - Things won’t get better...and will get worse
 - There is a shortage of emergency health providers
 - No one wants to work as hard as their parents
 - Health care is becoming increasingly unaffordable
 - Total health care costs now approach 18% GDP
 - Nevertheless the public wants it all...
 - ...yet wants someone else to pay for it



Bird's Eye View

- Right patient, provider, care, time, place, cost
 - What is the future of EMS?
 - Volunteer rescue squad? Professional medical service?
 - What is the future of CMS in EMS?
 - Payment linked to treatment not transport?
 - What are the futures of EBM, EHR, ITS, and “ICS”?
 - Can they be linked? Can costs be absorbed?
 - What are the financial and human costs to society?
 - Personal vs. public? Technology vs. privacy?



Solutions?

- National Incident Management System
 - *Unified* ICS (potential partnership with DHS)
- **T**ogether **E**veryone **A**chieves **M**ore
 - TeamSTEPPS (AHRQ/TriCare) may help
- Government can't (and shouldn't) do it alone
 - Interdisciplinary professional collaboration needed
- We all know what needs to be done
 - TRB White Paper → interdisciplinary NAs panel



Thoughts To Ponder

- Public Health Answering Points
 - Health advice for patients at home
- No substitute for the human touch
 - Mid level providers/advanced practice medics
- PC based telemedicine in rural areas
 - Skype™ has shown us how to do it
- Fossil fuels will be prohibitively expensive
 - Medical transport only a last resort



Questions??

- Please raise your hand or type in the message box
- Be safe out there and thank you for your participation!

