
department health services Since we're on a fire department tangent...

Posted by David Shrader - 2009/09/08 20:42

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and without some externally set expectations or economic incentives we will always find ourselves on the short end of the stick when the mandated services (Fire, police, courts, etc) get the first bites of the pie. Some communities have taken steps by enacting ordinances and adopting standards based on the meager evidence and consensus standards that we can produce. By doing so, they at least make a public statement of expectations and take away the uncertainty for EMS management in the budgeting process. Its always easier to hit a target (performance) if you can see it. David A. Shrader David A. Shrader, President The Polaris Group EMS & Public Safety Consultants 273 North Dogwood Trail Southern Shores, NC 27949 252-441-8844 Direct Voice 252-441-8856 Fax 252-255-8262 Cell dshra...@thepolarisgroup.org www.thepolarisgroup.org <http://www.thepolarisgroup.org On Aug 25, 2009, at 2:06 PM, medicn...@gmail.com wrote: That is part of my point. EMS has no science to point the way and is therefore able be pushed around by politics and unions and we end up with poor performances. Neal Smith Sent on the Sprint(r) Now Network from my BlackBerry(r) _____ From: David Shrader Date: Tue, 25 Aug 2009 14:02:27 -0400 To: <nemsma@googlegroups.com Subject: Re: Since we're on a fire department tangent... While your conclusion is certainly true in many places, I routinely (and I think increasingly) run into Fire departments that do not want to take over EMS. Some get pushed into it by labor or politics and some by poorly performing providers. Most that I see, that are not currently in the ambulance portion of the business would just a soon keep it that way. David A. Shrader David A. Shrader, President The Polaris Group EMS & Public Safety Consultants 273 North Dogwood Trail Southern Shores, NC 27949 252-441-8844 Direct Voice 252-441-8856 Fax 252-255-8262 Cell dshra...@thepolarisgroup.org www.thepolarisgroup.org <http://www.thepolarisgroup.org On Aug 25, 2009, at 1:55 PM, medicn...@gmail.com wrote: After reading this for a few days now I think I can make a reasoned suggestion. Good, bad, or indifferent. The fire side has spent many decades and some science in what is really a good PR compaign. It doesn't matter if ISO is right it is accepted and the fire staffing levels and 2 in 2 out rule is pretty much set in stone. If EMS spent the time in scientific research and was able to show how BLS, ALS, and tiered response, response times and all we hold dear to be true and the states and feds mandated an EMS response we would be better believed. Until that it will always be about the money. FD will try to take EMS not because they do it better, but the runs will support their budgets and jobs. Neal Smith

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I saw a recent news story on the average life span. The longest, if I remember right, are females in Switzerland at 83 and the shortest are males in Swaziland at 25. The life expectancy research shows a direct linear trend as life expectancy increases with time. So for every year longer that you live, your life expectancy increases. How is that for logic. Cheers, Nick On Tue, Aug 25, 2009 at 13:28, David Shrader <dshra...@thepolarisgroup.org wrote: Nick: Your second sentence reminds me of the Borg! You are right. And if the cardiac prevention wins you end up succumbing to cancer or some other expensive disease process. To paraphrase Dr. Norman Hadler: As we grow older, we can prevent and cure some diseases. You have about 85 good years on the planet, give or take. The closer you get to your limit, the more diseases that are competing to finally do you in. We cure elderly patients of cancer only to see them die shortly afterward of cardiac, stroke, metabolic or other disorders. 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Posted by Don Lundy - 2009/09/08 20:42

Neal Smith Sent on the Sprint® Now Network from my BlackBerry®

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Posted by matthew nolting - 2009/09/08 20:42

over BLS units for a first response? What ALS interventions have been shown to be that time sensitive that they should arrive in the first wave of response? We have continuously been reviewing this subject matter in our area for a number of years. Any dialogue posted here represents my personal thoughts and inquiries and are not representative of my employer. Brent Browett, AEMCA, ACP, BSc, MA, Director, Emergency Medical Services, Hamilton Emergency Services www.hamilton.ca brent.brow...@hamilton.ca

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Posted by dw...@schertz.com - 2009/09/08 20:42

I would argue against this statement. Come to the San Antonio area and I can show you two FD/EMS organizations that do both emergency and non-emergency transports in their city. I can also show you some organizations that are doing solely 911 in communities and can barely afford 2 trucks and are often calling upon the 4 private ambulances in the city to mutual aid them on 911 calls. If this 911 agency would get into the non-emergency market, their citizens would be protected by 4-6 units a day and not barely 2...plus they would have additional revenue on top of it. To prove this example, we will leave this county and move one county over where the 911 provider started doing it 2 years ago and is much, much better off financially than they were. If the plan is done effectively and marketed and supported by the department (and not undercut to the public with statements like you will be dying from your heart attack while I take grandma back home from the hospital ...) in today's economic times it can be seen as a truly wise decision. Lastly, and I will put my soapbox away for the day, by doing this we solve one of EMS's deep dark secrets we don't like to talk about: Why does a patient with a broken hip laying on the floor in a nursing home get different levels of care/training/RESPONSE than the patient laying on the floor in their private residence? Don't mean to stir the pot...okay...actually I do. I most often have found that those who do not want their fire (or 3rd service or volunteer) ambulances doing facility transports are the medics riding in the front of these trucks....most of them have done their time and consider it below them. Everyone have a great night. Dudley _____ From: nemsma@googlegroups.com On Behalf Of matthew nolting Sent: Wednesday, August 26, 2009 4:43 PM To: nemsma@googlegroups.com Subject: Re: Since we're on a fire department tangent... 911 systems do not make a profit in most cases. Most tax payers do not want to see their fire ambulances doing facility transports, which is the only way to get ahead in most areas. _____ From: David Shrader <dshra...@thepolarisgroup.org To: nemsma@googlegroups.com Sent: Monday, August 24, 2009 8:24:00 PM Subject:

Re: Since we're on a fire department tangent... When looking at Arlington, TX a decade ago, we identified a few ALS items. Those included: 1) Defibrillation (now a BLS or Lay skill) 2) Advanced airway (debatable now) 3) Epinephrine in anaphylaxis (BLS now in some places) 4) Albuterol in status asthmaticus (BLS now in some places) 5) IV or IO access in rapidly deteriorating or arrest patients 6) Possibly pleural decompression in tension pneumothorax We were looking at what, if anything would make a difference in 2 to 4 minutes. Didn't matter who you were, Joe Blow EMT or Dr. Michael DeBakey, what would help the patient. There we turned the FD into an all ALS agency by training everyone to the EMT-I level with those skills included. Some places can do most of this now as BLS, some as intermediates and others only with PM's. David A. Shrader David A. Shrader, President The Polaris Group EMS & Public Safety Consultants 273 North Dogwood Trail Southern Shores, NC 27949 252-441-8844 Direct Voice 252-441-8856 Fax 252-255-8262 Cell dshra...@thepolarisgroup.org www.thepolarisgroup.org <http://www.thepolarisgroup.org/ On Aug 24, 2009, at 8:26 PM, Browett, Brent wrote: I am curious what evidence one would rely on for staffing with ALS units over BLS units for a first response? What ALS interventions have been shown to be that time sensitive that they should arrive in the first wave of response? We have continuously been reviewing this subject matter in our area for a number of years. Any dialogue posted here represents my personal thoughts and inquiries and are not representative of my employer. Brent Browett, AEMCA, ACP, BSc, MA, Director, Emergency Medical Services, Hamilton Emergency Services www.hamilton.ca <http://www.hamilton.ca/ brent.brow...@hamilton.ca - Hide quoted text -- Show quoted text -

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department health services Since we're on a fire department tangent...

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