EMS TRANSPORT TO FREE-STANDING EMERGENCY CENTERS NO



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SERIOUSLY?

EMS TRANSPORT TO FREE STANDING EMERGENCY CENTERS YES

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Tucson Fire Department

OPENING RAY FOWLER INSULT

RAY, YOU KNEE-WALKING COMMODE-HUGGING TURKEY



I was taken ill January 23, 2017. Dr. Fowler took the stage and courageously debated this issue with himself. The audience unanimously voted him wrong on both sides of the question

SECOND RANDOM RAY FOWLER INSULT

RAY FOWLER HAS VERY SMALL HANDS

WHAT IS AN FEC?

- Operational 24 hours a day, 365 days a year.
- Physician and other personnel trained in emergency care present during all hours of operation.
- Integrated into the <u>local EMS system</u>.
- Laboratory, x-ray, and EKG capabilities on site.
- Transfer agreements in place with hospitals.

FECs TODAY

Free Standing ECs provide:

- The capabilities and services of full-service emergency rooms
- Guaranteed treatment without the wait of a hospital-based emergency room.
- The convenience of an urgent care center
- The same quality of a hospital emergency service.



WHAT COULD GO WRONG?

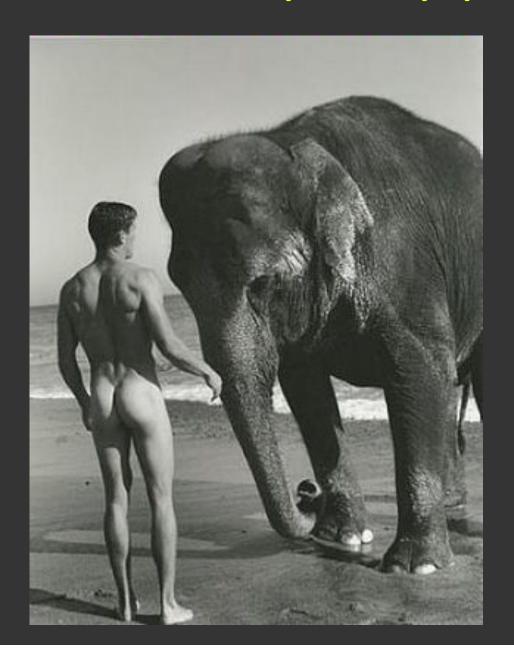
- 1. FECs can't handle Trauma EMS by pass protocol
- 2. FECs can't treat strokes EMS bypass protocol
- 3. FECs can't treat STEMIs EMS bypass protocol
- 4. FECs can't handle a "burst appendix"

Ever see a surgeon burst into the ED at 0:400 and rush an appy to the OR?

WHAT'S THE DIFFERENCE BETWEEN AN FEC AND A HOSPITAL ED WITH AN EMPTY ON-CALL LIST?

RANDOM RAY FOWLER INSULT

It's cute, but can it pick up peanuts?



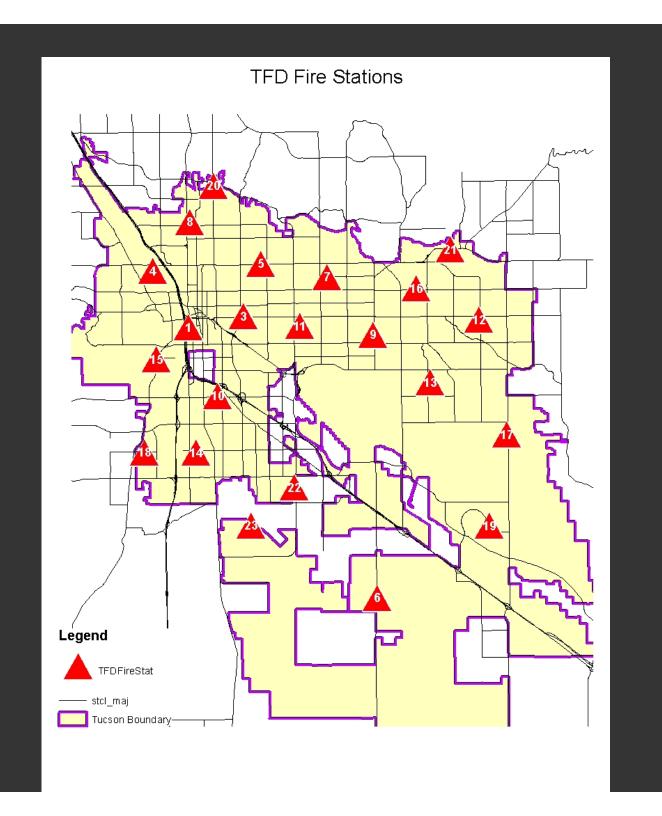
EMS ENVIRONMENT

In FY 2016, the Tucson Fire Department responded to over 91,000 calls for service, more than 90 % medical. Like many, our call load increases while our budget remains stagnant.

THE MONEY SHOTS FOR EMS?

Time out of service

Time out of position

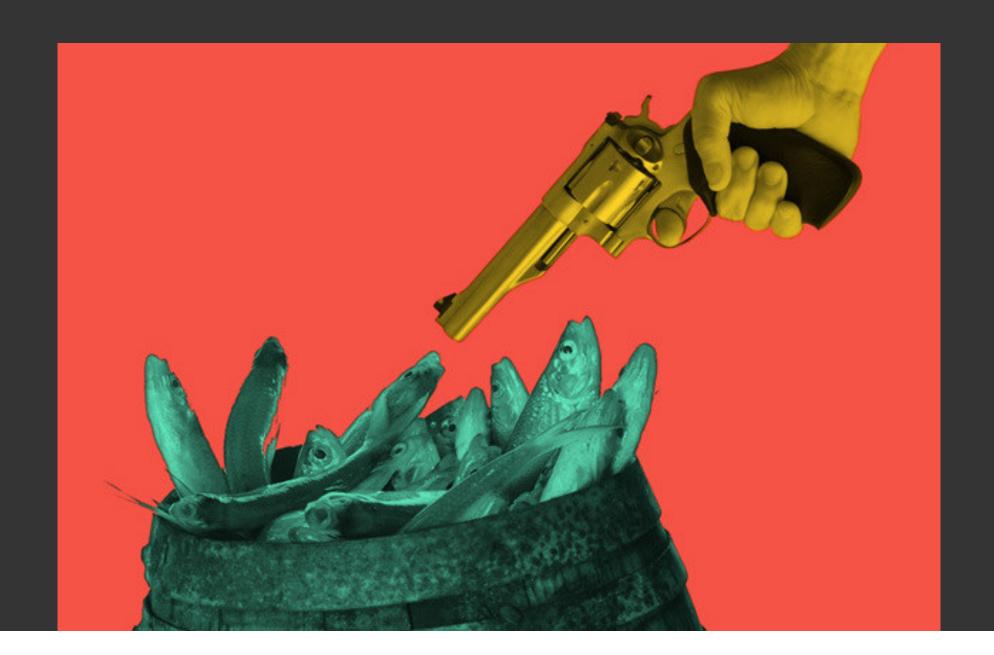


Hospitals and Medical Centers Northwest Hospital Tucs-on-Medical University Medical St Marys Hospital St Jos ephs University Physicians DM AFB Hospital DM AFB Hospital DM AFB Hospital NW-Medical Center at Vail Legend hospital NWMC_Vail - stcl_maj Tucson Boundary-

Hospitals and TFD Stations Northwest Hospital Tucson-Medical University Medical St Marys Hospital 3 St Jos ephs University Physicians DM AFB Hospital DM AFB Hospital DM AFB Hospital NW-Medical Center at Vail Legend hospital NWMC_Vail TFDFireStat - stcl_maj Tucson Boundary-

RANDOM RAY FOWLER INSULT

IT'S TOO EASY



NEW TUCSON FEC

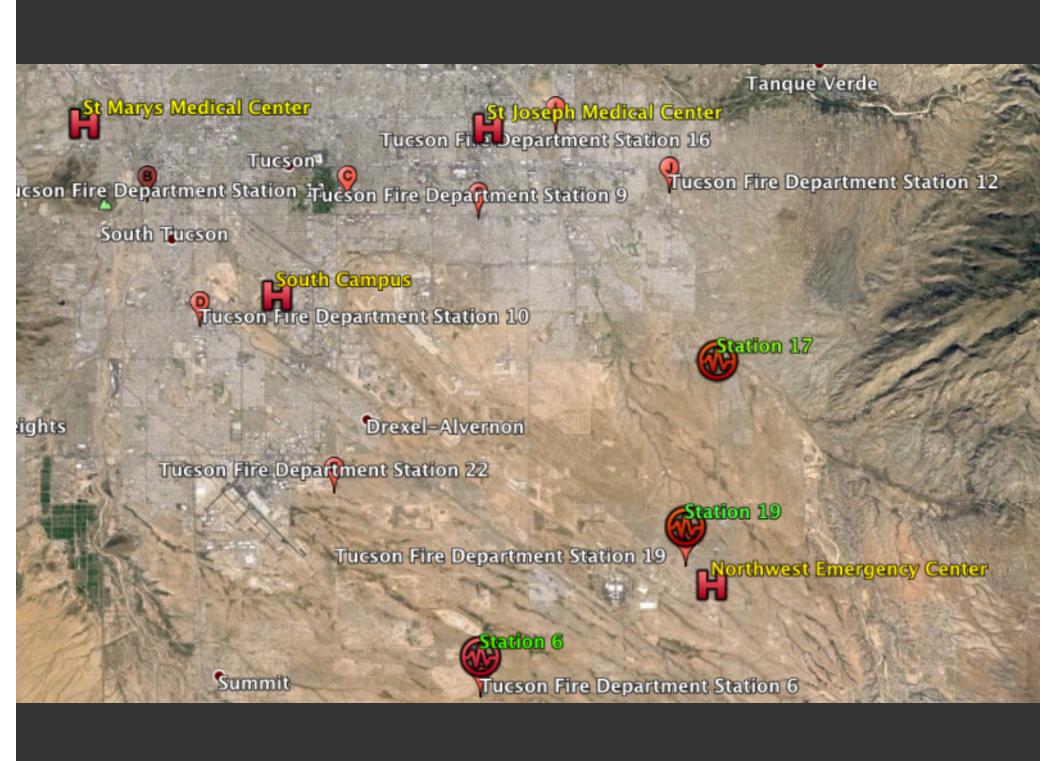
- Open 24/7
- Board-certified Emergency
 Physicians, Nurse Practitioners
 and Registered Nurses
- Full-service lab
- Digital x-ray, CT scan and ultrasound
- Complete range of emergency diagnostic services
- ER 30-minute pledge

- NEC can treat patients with life-threatening conditions:
- Heart attacks
- Strokes,
- Head injuries, fractures, abdominal pain, respiratory issues and more.
- If you need to be admitted to the hospital, need surgery or cardiac catheterization lab intervention, we will stabilize you and transfer you via ambulance to Northwest Medical Center.

NEW TUCSON FEC

CT scan, digital x-ray and ultrasound capabilities along with lab services.

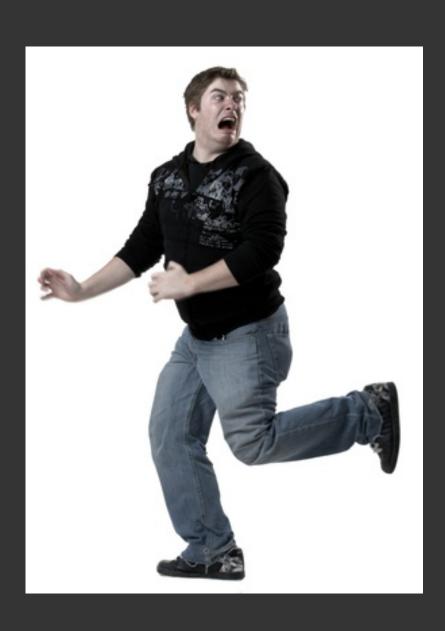
We treat all patients regardless of their ability to pay. Under the **Emergency Medical Treatment and Active** Labor Act (EMTALA), NEC will provide a medical screening exam and appropriate stabilizing care.



State of the art

FINAL RANDOM RAY FOWLER INSULT

Spanked by DrV again



WHAT IS AN FEC?

The FEC must provide appropriate

personnel, physical resources, and equipment
for safe and effective emergency medical care
on a 24 hour, 7 day per week basis.

The FEC is required to enter into a <u>written</u>

<u>transfer agreement</u> with at least one local hospital which is equipped with full emergency services. State of Rhode Island 1981



"I'm right there in the room, and no one even acknowledges me."

My New Title



Can metro fire departments afford community health programs?

3 days ago

Tucson's pilot program is pulling habitual callers out of the system, here's how.

The misalignment between the critical care priorities of yesterday's EMS system and the appeal from constituents for non-emergent, totalperson care necessitates a change to our service delivery model. The demand of our communities must be met by the supply side of the equation.

