A New Era of Emergency Services: Highlights of Eagles E-Mails 2023

What Questions **Medical Directors** Ask each Other?

- How can we Improve Patient Care?
- How to Support and Expand the Providers?
- What are we Doing to Prepare for Future?
- How/When to Implement New Technology?
- ***How to Provide Better Medical Direction?***

How do Eagles Share?

- Quick Questions, Short Answers
- Attach a document if needed
- Email thread is consolidated and return to group
- Discussion follows on hot issues
- They share with their Eaglets
- ***"Regional Eagles" sharing of information used for opioid response, drug shortages, and other programs***

Eagles Contribution and Needs?

32 Discussions
NOT COVID

- 110 members across the globe
- 91 metropolitan areas and organizations
- Overseeing 211K EMS providers
- Serving population of 195M
- 23.5M EMS responses or 132/1000 population

- 75 metropolitan areas in the United States
- Oversee 161K EMS providers. Serving 107M
- 15.9M EMS responses or 138/1000 popu.
- 160M ED visits in the United States
- 30M EMS transports, 37% admitted

Filling the Gaps from COVID

EMS Seeds the Fields of Healthcare

- **How can our Agencies Recruit and Retain the Future Providers**
- **The Ongoing Responsibility of EMS to Prepare Individuals for Careers in Healthcare**

Filling the Gaps from COVID

- How can our Agencies Recruit and Retain the Future Providers
- Filling the Service Gaps. Adding BLS units to an ALS system YES
- Increasing the Attractiveness of Paramedic Certification YES
- EMS Ride Along Processes post-pandemic YES
- Protecting our Personnel with Body Worn Cameras and other Technologies NOT YET

What Products are Ready for Wide Implementation?

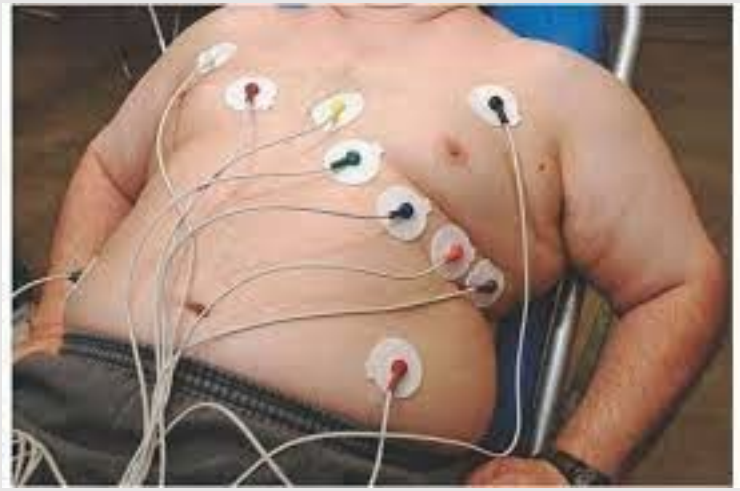
- IF AVAILABLE?? Ongoing Supply Chain Problems
- Drugs are in short supply. 106 of our medications are not available. Albuterol, midazolam, ketamine, fentanyl, dextrose, lidocaine, bicarb, pedi meds
- Duodote and Similar Agents. Extending Expiration Dates
- Ongoing use of PPE – Selective Strategies for at Risk and low risk patients

How are "Offices of the Medical Director" Organized?

- Number of Physicians (One to 18)
- Public Health Roles - many
- Occupational Health Responsibilities – Not in OMD - dedicated staff for occ health
- Social Services Providers – grown to about 75%
- More Community Paramedicine
  - Buprenorphine Programs in the Field
- QI staff – growing in numbers and quality tools available

EMS is growing in functions

What are Useful Processes? Back to the Basics



- Defibrillating Asystole. - about 10% - Using Ultrasound in growing number of services
- Ambulance Delays or “No Response” related to Weather in Almost all Jurisdictions
- Weight-based Drug Calculations for Adults
- Getting Super Glued Patients off of Protest Sites - plant oil (e.g. sunflower oil, corn oil), mineral oil, acetone, polysporin ointment, soap and water

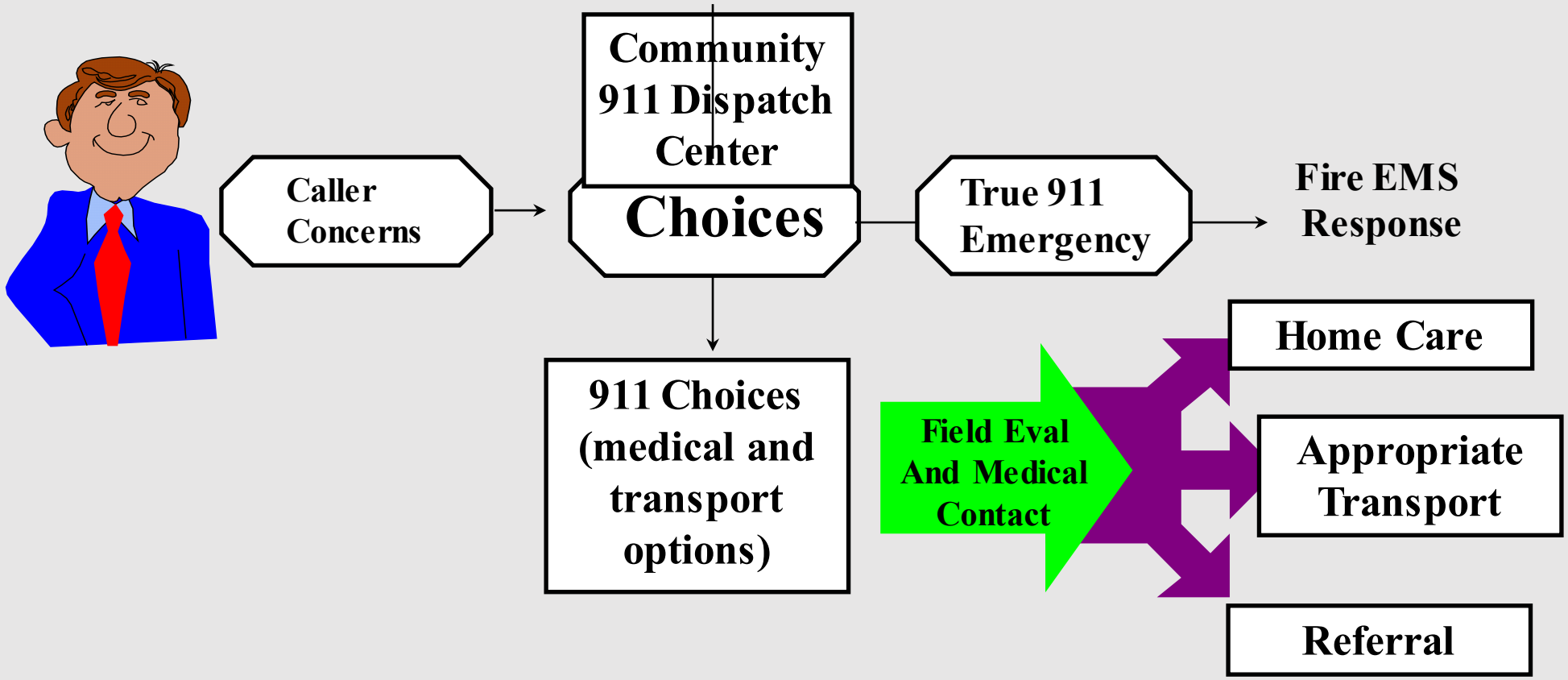
Who Should be Transported, and How?

- Eliminating Diversion and Lowering Wall Times – 100% Involved
- ET3 Programs not in Most Eagles Markets – Still Slow Uptake
- Managing and documenting “Lift Assist”, "false call“, vs "no patient found“, and "refused all contact"

911 Choices Increasing ET3 Options

"Treatment in Place" = TIP

"Transport to Alternate Destinations = TAD



What Best Approaches to Select Groups?

- EMD at the Airport
- Spit hoods - not in many places
- Active Violence Incidents – Changing Transport Methods
- Audio recording of OHCA Calls
- Seizure Management when our meds are not Available

Sharing Best Practices is a Great Practice