



EMS MEDICAL DIRECTOR'S UPDATE

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The present healthcare environment is the most tumultuous it has been since the introduction of Medicare by Lyndon Johnson in the 1960's. The Accountable Care Act ("ObamaCare") has been implemented with a bumpy rollout. Hospitals are looking for creative ways to remain profitable with diminishing revenues yet still deliver high-quality care. Physicians' practices are aligning with or being acquired by hospitals and publically-traded corporations. Advances in technology, devices, and pharmaceuticals are occurring at a breathtaking pace with the potential to improve the quality of life and extend life-expectancy for people all over the world.

EMS has been a critical player in all of this. The number of ambulance runs provided by our system members continues to increase every year. Our cardiac arrest return of spontaneous circulation (ROSC) rate approaches 50% and is among the best in the nation. In several clinical arenas, EMS has driven the quality of care that continues in the hospitals after our patients arrive. Our protocols help to shorten the time to critical interventions and dramatically improve patient outcomes. Therapeutic hypothermia, quantitative wave-form capnography, 12-lead ECGs, stroke and STEMI alerts, and permissive hypotension for trauma are all examples of our standards of practice that make a huge difference in the lives of the residents of the communities which we serve.

In 1979, the American Board of Medical Specialties (ABMS) recognized Emergency Medicine as a new primary specialty in the house of medicine (there are 24 in total). Shortly afterwards the board examinations were offered, and in 1984 I took the written and oral examinations and became board-certified in this new specialty. Emergency physicians have to recertify by taking a comprehensive exam every ten years, and I'm pleased to report to you that in September 2013, I successfully sat for the boards and am board-certified through 2023! The advances that have taken place in Emergency Medicine have been exciting and dramatic in the 30-plus years that I have been practicing. The level and complexity of care that is provided in hospital Emergency Departments has never been higher. The partnership between EMS and Emergency Medicine continues to serve our society well.

In 2010 the American Board of Emergency Medicine was granted approval by the American Board of Medical Specialties to establish a newly recognized subspecialty—Emergency Medical Services. In order for a subspecialty to be recognized by ABMS, the sponsoring board has to demonstrate that there is a unique and sufficiently large body of knowledge, scientific research, peer-reviewed publications, and clinical practice in that area to warrant and support the creation of a new subspecialty. EMS has met those criteria. For physicians like me who devote considerable amounts of our time and energy to EMS, this is an exciting and welcome recognition.

In October of 2013, the first sub-specialty board examination for EMS was offered to physicians who met specific requirements, including having devoted a significant amount of their professional time to the discipline of EMS. I am pleased to report to you that I am one the first of a small group of physicians in the U.S. to have passed the exam and to become recognized as board-certified as a specialist in Emergency Medical Services. I am humbled and give my thanks and recognition to all of you, the members of our EMS System. Without the support and acceptance as your EMS medical director for the past sixteen years, I would not have had the experience and impetus to have achieved this.

The challenges and opportunities that await us are substantial. I have decided that after almost 35 years of caring for patients in a hospital Emergency Department, I will be limiting my future practice exclusively to EMS as the Medical Director for the NWC EMSS (EMS MD). The decision to give up direct patient care was not an easy one for me, but one that I have reflected on a great deal and am comfortable with. I look forward to having more time to devote to our system's educational programs, quality improvement, research, and of course to have some free time for some personal activities as well. I will miss working with our EMTs and Paramedics in the ED, but we are fortunate to have a dedicated cadre of Emergency Physicians at our system hospitals who have agreed to take our system members under their wings for clinical time as needed.

My gratitude goes out to all of you who have made and continue to make the NWCEMSS one of the best in the country. It is with great pride and professional satisfaction that I continue to serve as your Medical Director. Together we can accomplish so much.