

What else is driving changes in the State & System's planning?



EMS 3.0 Summit

Tuesday, April 10, 2018 (full-day program with luncheon) – Hilton Crystal City, Arlington, Virginia

Learn strategies to navigate healthcare change. Integrated, value-based patient care is the cornerstone of our evolving healthcare system. To thrive, EMS agencies must expand their services to provide the full spectrum of out-of-hospital patient care – emergent, urgent and preventive.

This year's Summit will present "profiles in courage" case studies of EMS agencies that have expanded their services. Lessons learned including best practices, as well as pitfalls and challenges, will be discussed. Hear directly from EMS leaders who have made the 3.0 model work for their agencies and communities.

Integration

Prevention

- EHS is available in every community.
- EHS is fully mobile.
- EHS can address patient needs 24/7.

Navigation

- EHS is an expected, respected and welcomed source of medical assessment and care in people's homes and throughout the community.
- EHS provides highly reliable patient assessment and treatment in response to emergency, urgent or unscheduled episodes of illness or injury.
- EHS is the provision of out-of-hospital healthcare under the medical direction and oversight of specialist physicians with unique knowledge of the delivery of healthcare in the out-of-hospital environment. EHS medical director frequently coordinates with physicians of other specialties to enhance patient care.
- Services provided as part of EHS 3.0 can effectively mitigate patients needing urgent or unscheduled care through the healthcare system to ensure they receive the right care, in the right place, at the right time.
- EHS 3.0 agencies fit gaps in patient care, preventing new or recurrent medical episodes to reduce ambulance transports, emergency department visits, hospital admissions and readmissions.
- EHS 3.0 agencies coordinate and collaborate with a variety of community healthcare providers/agencies to deliver a broad spectrum of patient-centered preventive, primary, specialty and/or rehabilitative care outside of medical facilities.

Assessment

Emergency

Urgent


EHS 3.0 can help transform your nation's healthcare system by filling gaps in the care continuum with 24/7 medical resources that improve the patient care experience, improve population health, and reduce healthcare expenditures. Here's how:

[illegible]

www.ems.gov


Beyond EMS Data Collection: Envisioning an Information-Driven Future for Emergency Medical Services






v3.5.0 Revision Requests

Version 3.5.0 Revision Requests Under Review




SOFTWARE DEVELOPERS

Follow the standard to implement new ePCR software products for local and state EMS systems.




EMS EDUCATORS

Promote the importance of data quality and performance evaluation through accurate documentation.




GENERAL PUBLIC

Discover how EMS data can improve patient care nationwide.




29,919,652

EMS activations in 2016



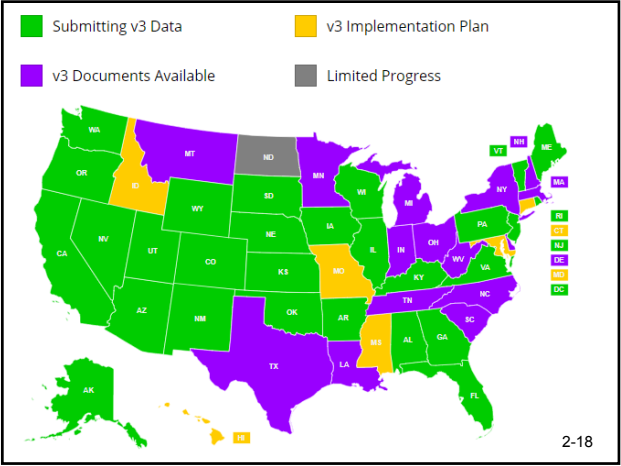
9,993

EMS agencies in 2016



7 Minutes

Fastest time from record completion to National Database arrival



Paramedic roles evolving



Advances in technology, costs, reimbursement, value-based care, need for integration, trends in patient populations (increasing # elderly) are rapidly driving change

What does this add up to?



More **HOME** Less **HOSPITAL**

Paramedics are key links to bridge hospital and out-of-hospital care transitions

How are we preparing for this?

Coordinate care for all persons using multi-disciplinary teams including Mobile Integrated Healthcare (MIH) and Community Paramedics (CPs)

EMS AT THE HEALTHCARE TABLE







New paradigm in healthcare

Provide the **right care**, in the **right place**, at the **right time** based on **person needs & choice**, and at the **right cost**





Mobile Integrated Healthcare
Using
Community Paramedics


**Pilot PLAN
2018**

Prepared by:
Cristle J. Mattars, M.S., R.N., EMT-P
EMS Administrative Director

Approved by:
Matthew T. Jordan, MD, FACEP
EMS Medical Director

WCH
Kim Nagel
Alan Loren

EMS Agencies
Scott Andersen, Chief, Palatine PD
Rich May, Chief, Palatine Rural PFD
Terry Valentino, Chief, Rolling Meadows PD

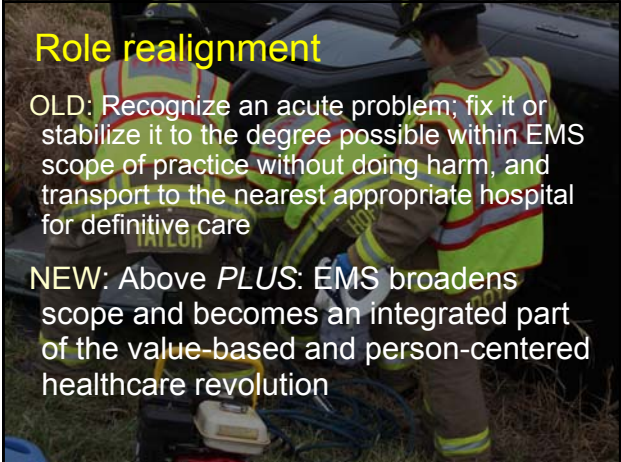


So, EMS must change with the times and emphasize the integration of EMS within the overall health care system

Role realignment

OLD: Recognize an acute problem; fix it or stabilize it to the degree possible within EMS scope of practice without doing harm, and transport to the nearest appropriate hospital for definitive care

NEW: Above *PLUS*: EMS broadens scope and becomes an integrated part of the value-based and person-centered healthcare revolution



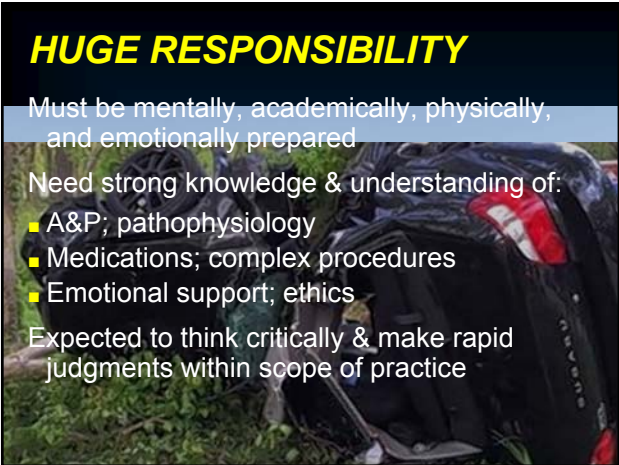
HUGE RESPONSIBILITY

Must be mentally, academically, physically, and emotionally prepared

Need strong knowledge & understanding of:

- A&P; pathophysiology
- Medications; complex procedures
- Emotional support; ethics

Expected to think critically & make rapid judgments within scope of practice





**STRATEGIC PLAN
2016-2020
2018 Edition**

Prepared by:
Cristle J. Mattars, M.S., R.N., EMT-P
EMS Administrative Director

Approved by:
Matthew T. Jordan, MD, FACEP
EMS Medical Director

John M. Collins, MD, FACEP, FAEMS
Alternate Medical Director

EMS System Advisory Board: March 11, 2018
Chief Administrators: March 15, 2018

