

Global Problems Local Solutions

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AMERICAN COLLEGE OF SURGEONS
*Inspiring Quality:
Highest Standards, Better Outcomes*



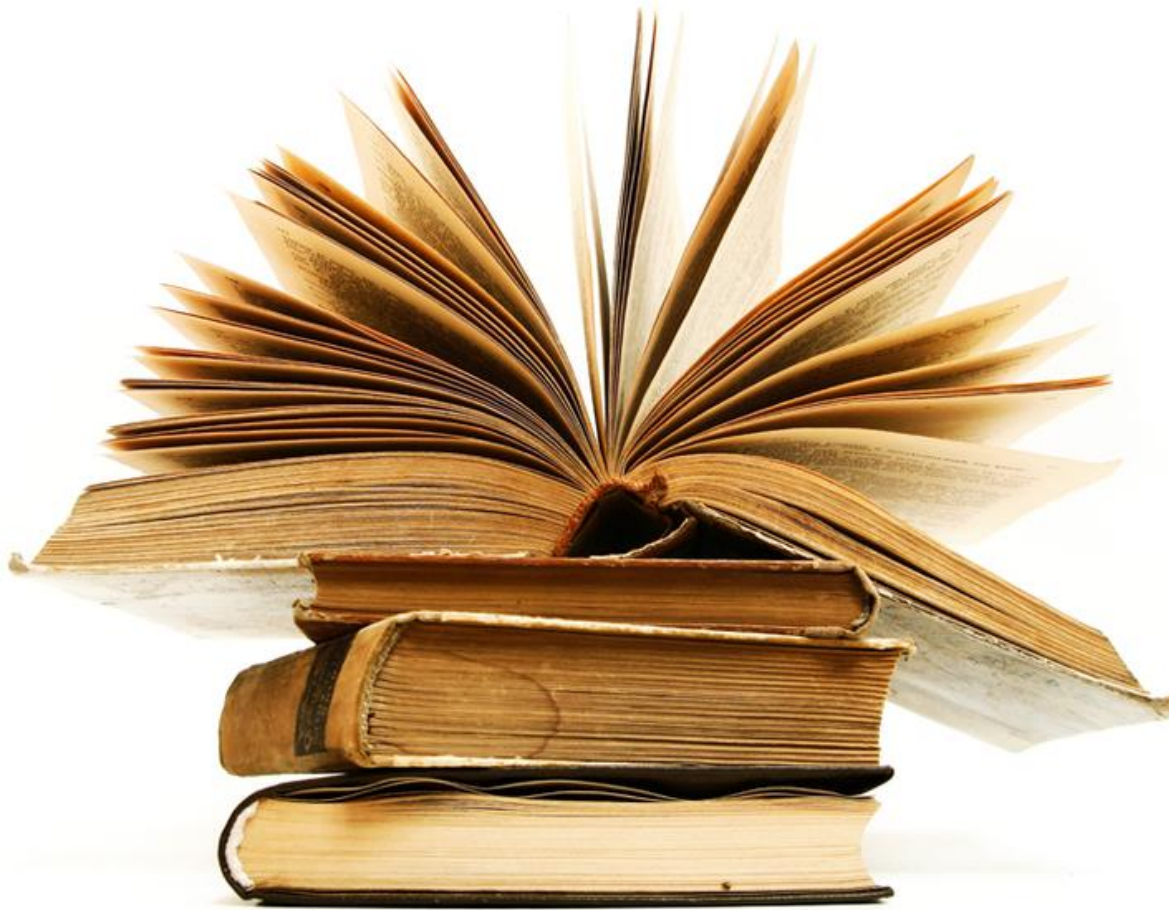
Introduction



Overview

- Benefit of Statewide EMS Protocols to the Health of a Population
- The Value of State/Regional/Local Medical Direction
- Interpretation of Geographic Needs
- Unique Aspects of State-Specific Epidemiologic Data
- Local Role in Disaster Management

History of the Emergency Medical Services System



Findings of the 1966 NAS-NRC Report

Inadequacies of Prehospital Care in 1966

1. The general public is insensitive to the magnitude of the problem of accidental death and injury.
2. Millions lack instruction in basic first aid.
3. Few are adequately trained in the advanced techniques of cardiopulmonary resuscitation, childbirth, or other life-saving measures, yet every ambulance and rescue squad attendant, policeman, fire fighter, paramedical worker, and worker in high-risk industry should be trained.
4. Local political authorities have neglected their responsibility to provide optimum emergency medical services.
5. Research on trauma has not been supported or identified at the National Institutes of Health on a level consistent with its importance as the fourth leading cause of death and a primary cause of disability.
6. The potentials of the U.S. Public Health Service Program in accident prevention and emergency medical services have not been fully exploited.
7. Data are lacking on how to determine the number of individuals whose lives are lost through injuries compounded by misguided attempts at rescue and first aid, absence of physicians at the scene of the injury, unsuitable ambulances with inadequate equipment and untrained attendants, lack of traffic control, or the lack of voice communication facilities.
8. Helicopter ambulances have not been adapted to civilian peacetime needs.
9. Emergency departments of hospitals are overcrowded, some are archaic, and there are no systematic surveys on which to base requirements for space, equipment, or staffing for present, let alone future, needs.
10. Fundamental research on shock and trauma is inadequately supported; medical and health-related organizations have failed to join forces to apply knowledge already available to advanced treatment of trauma, or educate the public and inform Congress.

**ACCIDENTAL DEATH AND DISABILITY:
THE NEGLECTED DISEASE
OF MODERN SOCIETY**

Prepared by the
COMMITTEE ON TRAUMA AND COMMITTEE ON SHOCK
DIVISION OF MEDICAL SCIENCES
NATIONAL ACADEMY OF SCIENCES
NATIONAL RESEARCH COUNCIL

NATIONAL ACADEMY OF SCIENCES NATIONAL RESEARCH COUNCIL
Washington, D. C., September, 1966

PROPOSED DEPARTMENT OF TRANSPORTATION

MESSAGE

FROM

THE PRESIDENT OF THE UNITED STATES

TRANSMITTING

A PROPOSAL FOR A CABINET-LEVEL DEPARTMENT OF TRANSPORTATION CONSOLIDATING VARIOUS EXISTING TRANSPORTATION AGENCIES

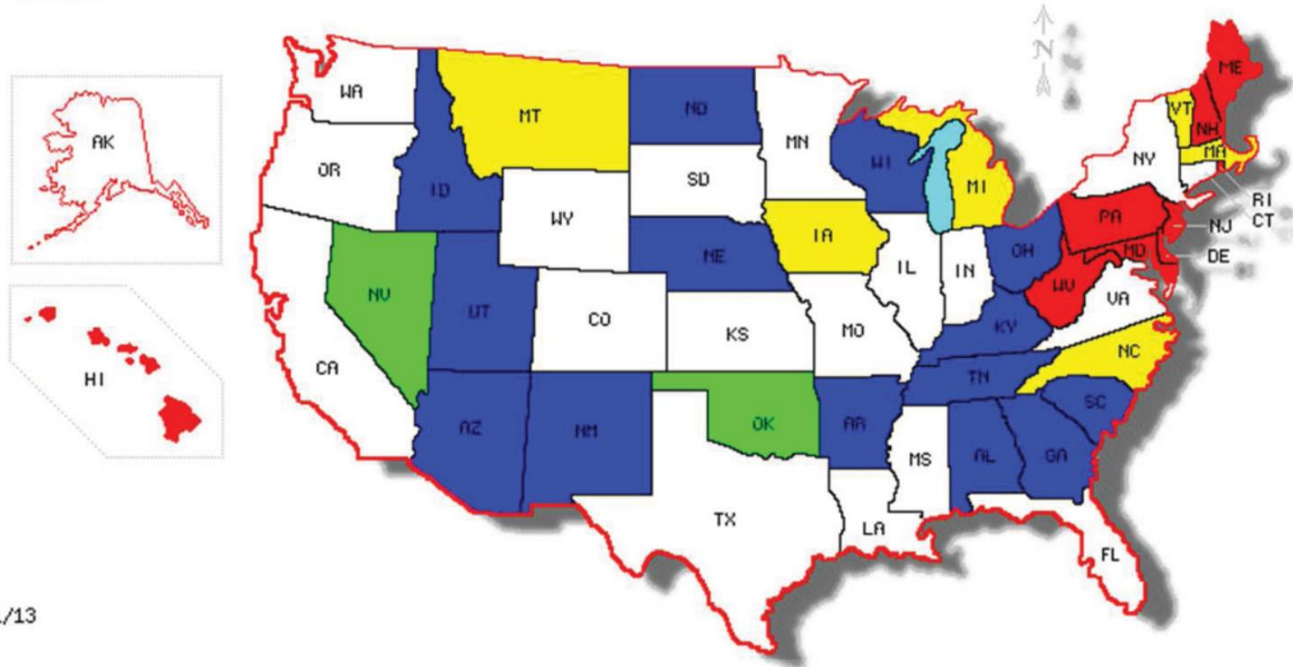
MARCH 2, 1966.—Referred to the Committee on the Whole House on the State of the Union and ordered to be printed

To the Congress of the United States:

Statewide Protocols and the Health of a Population, #1

States with ALS Protocols 10/1/13

- - Mandatory A
- - Mandatory B
- - Mandatory C
- - Model Guidelines

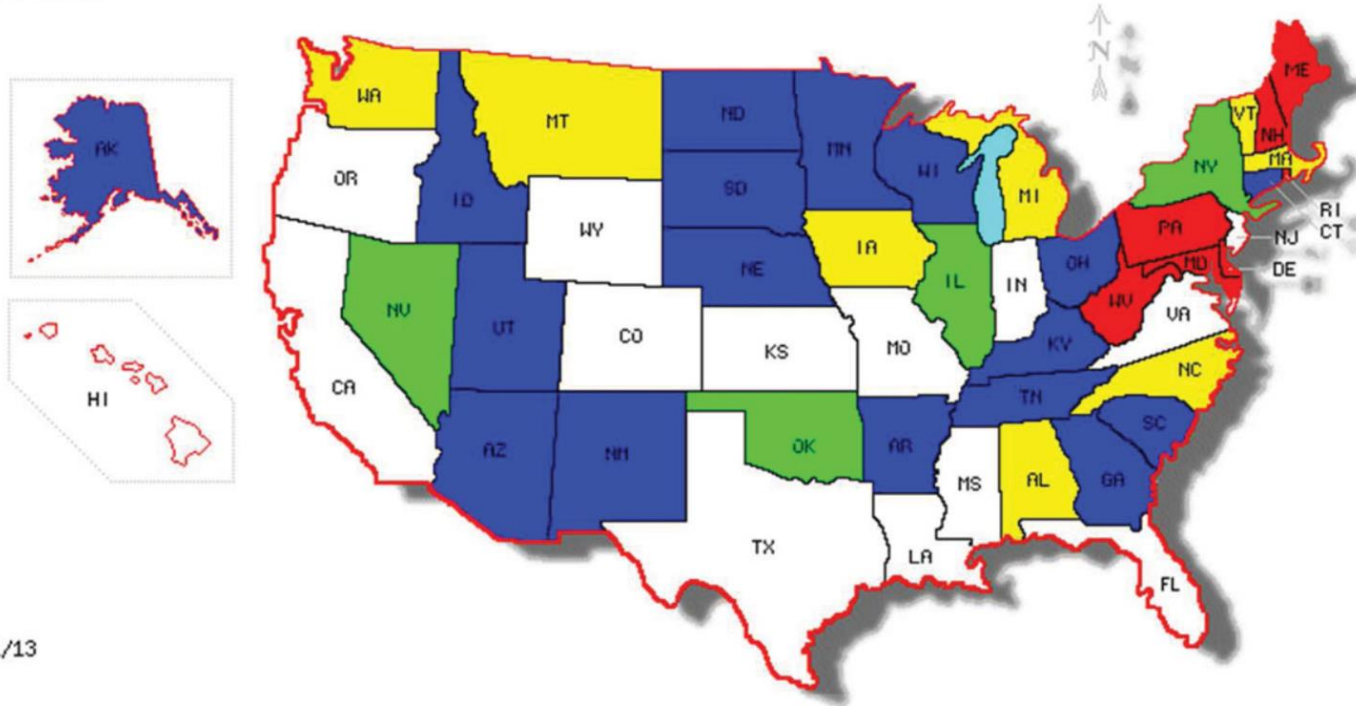


NOTES:
As of 10/1/13

FIGURE 1. States with mandatory or model statewide ALS protocols as of October 1, 2013. Types of protocols used by each state are indicated by colors (see key). For states that are white on the map, no statewide protocols or model guidelines exist.

Statewide Protocols and the Health of a Population, #2

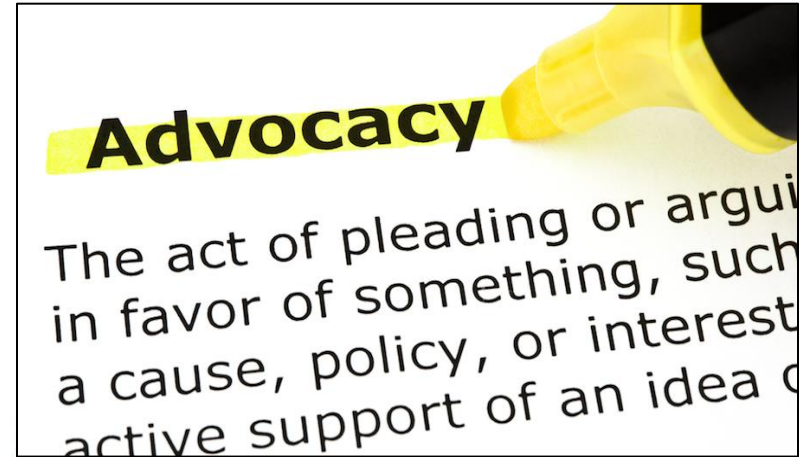
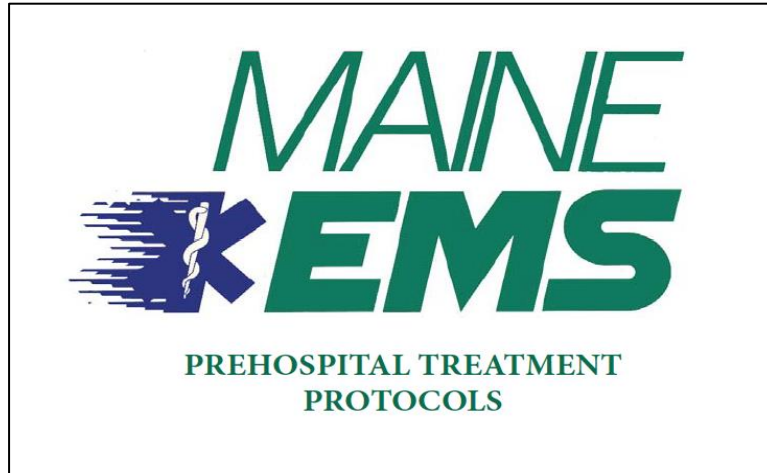
- - Mandatory A
- - Mandatory B
- - Mandatory C
- - Model Guidelines



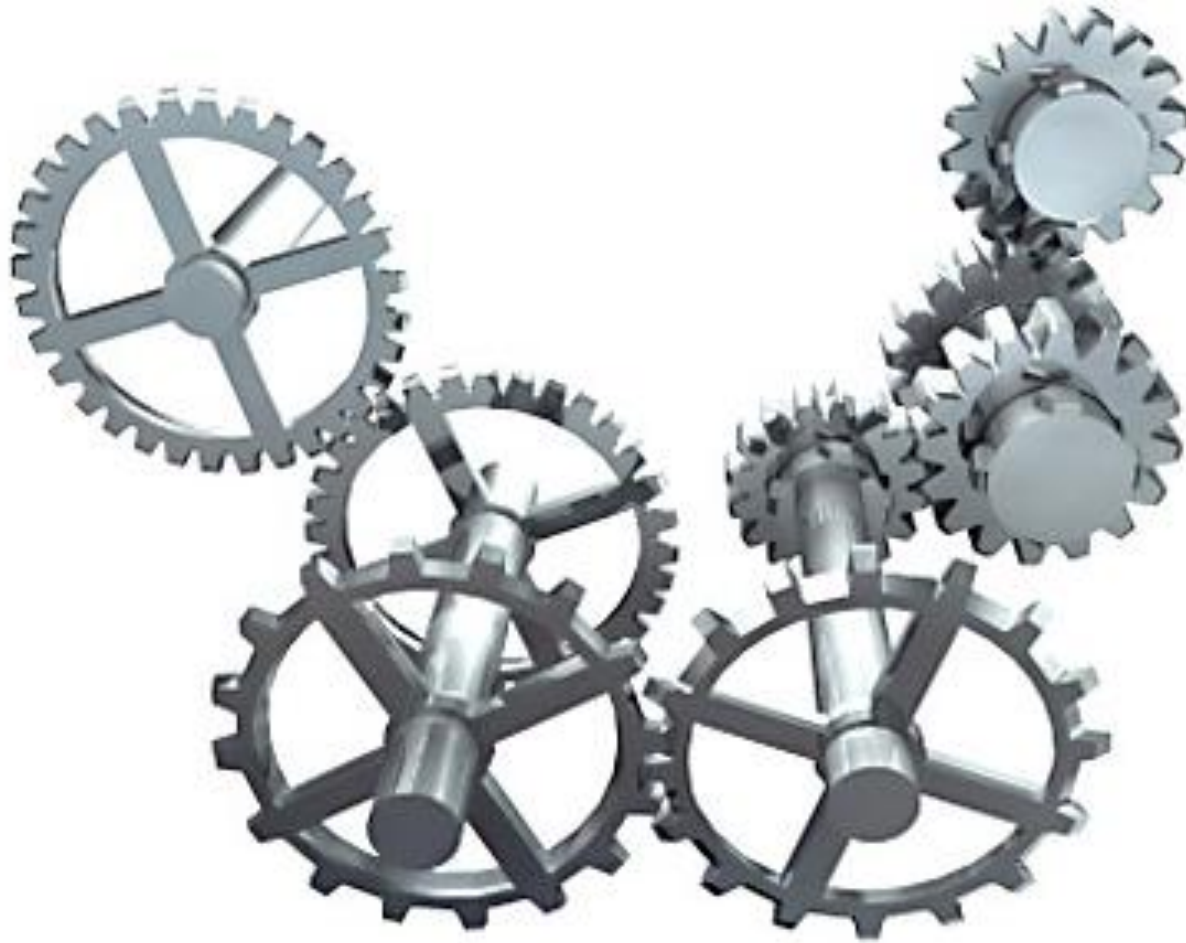
NOTES:
As of 10/1/13

FIGURE 2. States with mandatory or model statewide BLS protocols as of October 1, 2013. Types of protocols used by each state are represented by colors (see key). For states that are white on the map, no statewide protocols or model guidelines exist.

Medical Direction, 1



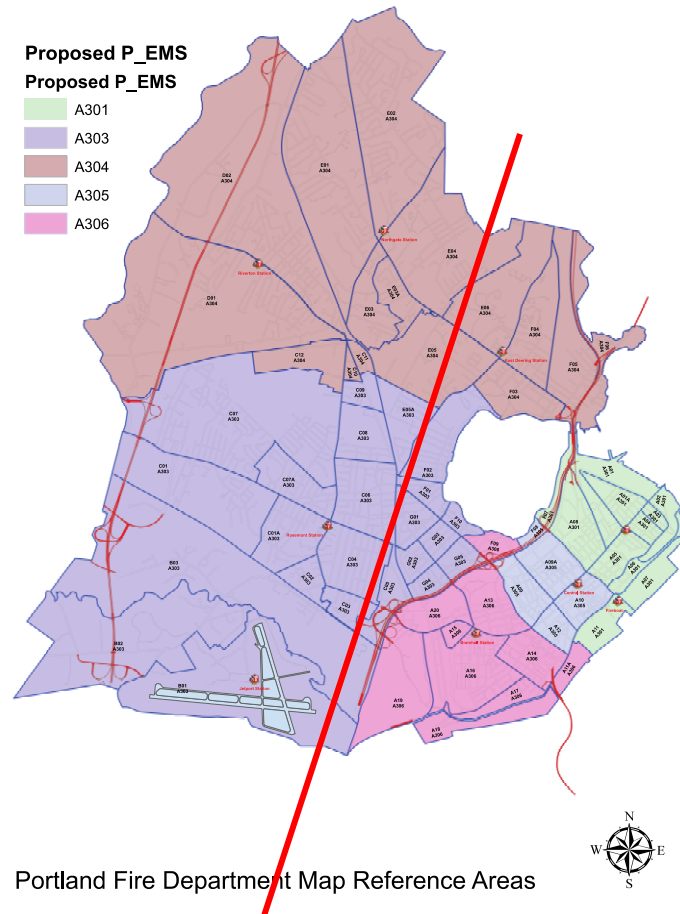
Medical Direction, 2



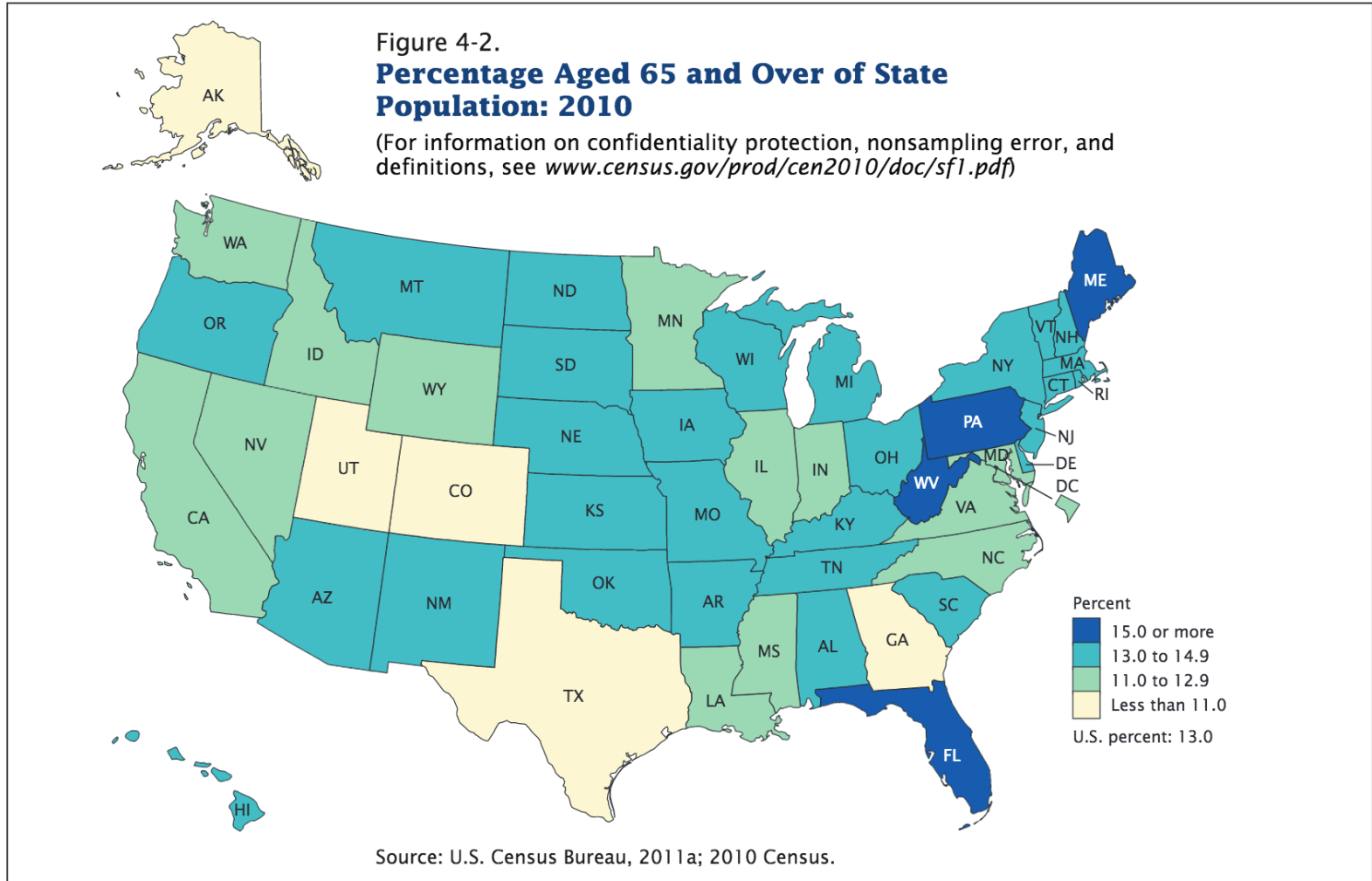
Interpretation of Geographic/Epidemiologic Needs, #1



Interpretation of Geographic/Epidemiologic Needs, #2



Interpretation of Geographic/Epidemiologic Needs



Local Role in Disaster Management



The Road Forward....



A National Model for Developing, Implementing, and Evaluating Evidence-based Guidelines for Prehospital Care

Eddy S. Lang, MD, CCFP(EM), Daniel W. Spaite, MD, Zoe J. Oliver, MD, Catherine S. Gotschall, ScD, Robert A. Swor, DO, Drew E. Dawson, and Richard C. Hunt, MD

AN EVIDENCE-BASED GUIDELINE FOR PEDIATRIC PREHOSPITAL SEIZURE

AN EVIDENCE-BASED PREHOSPITAL GUIDELINE FOR EXTERNAL HEMORRHAGE CONTROL: AMERICAN COLLEGE OF SURGEONS COMMITTEE ON TRAUMA

Eileen M. Bulger, MD, FACS, David Snyder, PhD, Karen Schoelles, MD, FACP, Cathy Gotschall, ScD, Drew Dawson, BA, Eddy Lang, MD, CM CCFP (EM) CSPQ, Nels D. Sanddal, PhD, NREMT, Frank K. Butler, MD, FAAO, FUHM, Mary Fallat, MD, FACS, Peter Taillac, MD, Lynn White, MS, CCRP, Jeffrey P. Salomone, MD, FACS, NREMT-P, William Seifarth, MS, NREMT-P, Michael J. Betzner, MD, FRCPC, Jay Johannigman, MD, FACS, Norman McSwain, Jr., MD, FACS, NREMT-P

Colin Gibson, MD, PhD, Peter S. Bajaj, MD, PhD, Nicholas M. Eckhardt, EMT-P, MS (Epidemiology), Tasmeen S. Weik, DrPh, MPH, Benjamin J. Lawner, DO, EMT-P, FAAEM, Ritu Sahni, MD, MPH, Yngve Falck-Ytter, Joseph L. Wright, MD, MPH, Knox Todd, MD, MPH, Eddy S. Lang, MDCM, CCFP (EM)

National Model EMS Clinical Guidelines

SPECIAL CONTRIBUTION

NATIONAL PREHOSPITAL EVIDENCE-BASED GUIDELINES STRATEGY: A SUMMARY FOR EMS STAKEHOLDERS

Christian Martin-Gill, MD, MPH, Joshua B. Gaither, MD, Blair L. Bigham, MD, MSc, ACPf,
J. Brent Myers, MD, MPH, Douglas F. Kupas, MD, Daniel W. Spaite, MD

EMS COMPASS

Improving Systems of Care Through Meaningful Measures



Questions



Thank You

