



**EMS MODELS**  
**Guthrie County**

# EMERGENCY

1966

### Accidental Death And Disability

The National Academy of Sciences published the landmark report *Accidental Death and Disability: The Neglected Disease of Modern Society* laying the groundwork for an organized system of pre-hospital care.

### Coming Soon...

#### A New Vision for EMS

20 years after the original Agenda was published, a new version will be created that looks ahead to the next few decades of EMS innovation and progression.

2014

#### EMS Compass

EMS Compass launched to create a system for designing evidence-based EMS performance measures to aid agencies in improving patient care.

2010

#### Culture of Safety

This three-year project funded by NHTSA and HRSA-EMSC and produced by ACEP developed a national strategic document to create a culture of safety for the EMS profession.

1967

### Freedom House Ambulance Service

Pittsburgh residents form Freedom House Ambulance Service and eventually become the first EMS practitioners in the country to provide advanced life support. Freedom House pilot-tested the 1977 NHTSA standard curriculum for paramedics.

1968

### First 911 Call

The first 911 call was received at a police station in Haleyville, Alabama, on a bright red phone now on display in a museum in Haleyville.

1970

### NHTSA

The National Highway Safety Bureau is reorganized as the National Highway Traffic Safety Administration, whose mission includes the development of an EMS system that responds to all kinds of injuries and illnesses. NHTSA develops the first national standard curriculum for EMTs one year later.

1973

### Emergency Medical Systems Act of 1973

This law, part of the Public Health Service Act, provided federal guidelines and over \$300 million in funding to develop regional EMS systems across the U.S.

1977

### The Star of Life

Created by NHTSA, the Star of Life became the symbol for emergency medical services across the globe, and is often found on uniforms, equipment, ambulances and roadway signs.

1984

### Emergency Medical Services for Children Program

The EMSC program was established within the Health Resources and Services Administration to fund projects focused on research, training, systems development and injury prevention.

1996

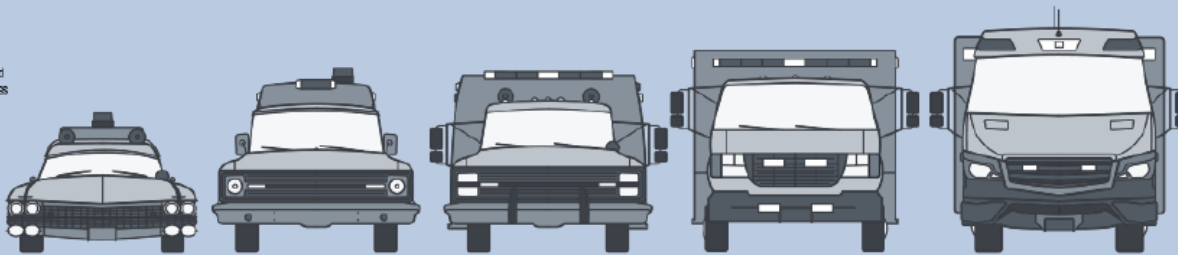
### EMS Agenda for the Future

On the 20th anniversary of the *Accidental Death and Disability* whitepaper, NHTSA and HRSA supported the development and publication of the Agenda, a collaborative effort to guide development of EMS systems.

2000

### EMS Education Agenda for the Future: A Systems Approach

The Education Agenda described an infrastructure for educating EMS professionals that paved the way for the National EMS Scope of Practice and National EMS Education Standards.



2007

### NEMSAC

The National EMS Advisory Council, comprised of EMS representatives and consumers, was created to provide EMS recommendations to DOT and FHCS.

2005

### FICEMS

The Federal Interagency Committee on EMS was established by law to coordinate federal agency efforts and improve EMS systems nationwide.

2005

### Enhanced 911

The Enhanced 911 Act established the National 911 Program to assess and improve public safety communication services.

2001

### NEMSIS

The National EMS Information System, or NEMSIS, established a standardized method of storing and sharing EMS data that improved data analysis, research and performance improvement at local, regional and state levels.

## 50 Years of Helping EMS Systems Improve

Take a look back at a few of the pivotal moments in national EMS history that helped create and shape the industry.



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration



# Contracting EMS (Private)

## Pros of Contracting

- Ambulance Services already established
- No liability to Cities or Counties
- No administration outside of contract negotiations
- No cost outside of contract for Equipment or Staffing
- Competitive bids may reduce cost
- Contract outlines responsibilities and coverage area





# Contracting EMS (Private)

## **Cons of Contracting**

- Ambulance services for profit not community betterment
- No oversight outside of contract requirements
- Cost can fluctuate from contract period to contract period
- Ambulance service can drop contract
- Employees may or may not be from community
- Can be costly
- Incentivized to use cheapest equipment and staff

A vertical strip on the left side of the slide shows a close-up of an ambulance's side panel. The word "EMERGENCY" is written in white capital letters on a red background. Below it, the number "911" is written in large, red, stylized numerals on a white background. The ambulance is partially visible, showing its red and white colors.

# Fund City Ambulances

## **Pros of City Ambulances**

- Ambulance Services already established
- Local Employees who know their community
- Fastest response time in city
- Experienced ALS providers
- Incentivized to control cost by the city
- Could expand services with additional funds



# Fund City Ambulances

## **Cons of City Ambulances**

- Multiple services multiple protocols
- Multiple administrators/staffing issues
- No consolidated communications
- Perceived bias to city residents over townships
- Slow response times to townships on far side of community will not change without additional stations
- Not incentivized to develop first responders outside of their service area
- Revenues divided among multiple organizations



# County First Responder & City Ambulance

## **Pros of County First Responder & City Ambulance**

- Reduced response on scene times with sprint cars
- County can establish best practices based off of need
- Alleviate need for ambulance in every call
- County wide affiliation for all first responder services
  - Training responsibilities for all volunteer providers (from a single source (create EMTS locally)
  - Easier Integration with other public safety and healthcare organizations
  - Missioned with developing first responders county-wide

# County First Responder –City Ambulance

## **Cons of County First Responder & City Ambulance**

- Multiple services multiple protocols
- Coordination between ambulance and first responders may be challenging if not affiliated with each other
- No consolidated communications
- Potential for perceived geographical disparity in care i.e if you live in one place you get an ambulance first if you live in another you only get a medic







# Consolidated County EMS

## Pros of Consolidation

- Single provider /same protocols
- County can establish best practices based off of need
- Consolidation of logistics and administration(countywide coordinator)
- Reduction of geographic disparity of care/Reduced Response Time
- Shared financial responsibility across all residents
  - Accountability to all county residents
  - Limits individual City or Township financial responsibility
- Economies of Scale
  - Purchasing power
  - Grants
  - Employee Coverage
- County wide affiliation for all first responder services
  - Training responsibilities for all providers (Volunteer/ Paid) from a single source ( Create EMTS locally)
  - Easier Integration with other public safety and healthcare organizations
  - Missioned with developing first responders county wide



# Consolidated County EMS

## **Cons of Consolidation**

- Perceived loss of local control
- Start up equipment costs could be substantial
- Alignment of protocols may be challenging
- Training/retraining of protocols for Employees
- Agreement of a Singular Employer for All EMS



# Types of Consolidation

- Creation of Nonprofit
- Payment to cities for Equipment
- Complete new service
- Affiliation