

## Faculty Notes for HRO and Community Emergency Services

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Gary Provensal  
Jim Holbrook  
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Joe Martin

Parker: HROs difficult to bring into medicine. Perhaps it is an issue of humbleness. Perhaps it requires a change in training into true teams.

### Insulin Protocol

- Develop protocols that allow nurses to do things (insulin control). Still needed physician buy-in.
- Beta tested on one nurse

### Gary Provensal

- 400 firefighters BLS
- 140 paramedics
- 4 ½ hours across the region is a barrier to eliciting change
- 200 years of tradition uninhibited by progress
- Reshaping service
- 80% of calls are EMS, 2-3% are fire
- Expectations are that all firemen are paramedics
- Revolution in focusing on EMS
  - 7 training officers for fire
  - 1 training officer for EMS
- State is forcing issue for QA
- Need to develop data
  - Tablet computer solutions
- Check on competencies

### Joe Martin

- Political realities of EMS/Fire debate
- Single function medics with high attrition because of cultural pressures from firefighters
- EMS looked toward medical community rather than fire department
- Communication network outside of internal fire department
- Leverage point was agreement was “patient care” was common point of agreement
  - Dispatch problems
  - Protocols/Instructions for pre-arrival of paramedics
- Bringing in patient to the discussion is important
- Reduce operational friction

- Agreed upon standards of performance but must measure and have consequences for not reaching goal
- How do you develop commitment, relationships, desire for the product

Jim Holbrook

### EMT-Basic

- 120 hours of training
- This allows them to take a job
- Prevent rather than solve problems
- Algorithm
- Train in the positive andrological principles
  - “Hold still” rather than “don’t move”
- Adaptive competencies
  - STICC
  - Used as a communication tool
  - Also used as a method of self-control
- Biology will drive EMTs behavior
  - Train to control stress hormones
- Problems
  - Remove the conflicting missions
    - EMS Departments that fight fires on the side
    - Use 80% of money to be spent on things other than EMS
  - EMS success depends not on EMS provider but on First Responders participating in process
    - Not going to get to people in Southern Ca for 72 hours so public needs to be prepared
  - Don’t do very well in research methods
    - BLS providers were being measured by different tool
  - Researcher must have a high level of expertise
  - Finally agreeing on glossary
  - Do you really want to know how well EMS does? Should we ask the question about futility?
  - Need to get away from political controls and into physiological controls
    - 30 different scopes of practice
    - Different quality of care throughout
    - Will probably go to lowest common denominator
  - Cost of training
  - Conflicts between medical model and public safety model
  - Emergence of new culture
    - Chemical, physical and energetic medicine

Matt Gross, MD

- Brain trauma research
- Paramedics don't see what the hospitals see- end product
  - Can see what happened at the end
  - Multiple transfers
  - Need to have appropriate feedback
  - Major variation based upon dogma
- Standardized care
  - How do we disseminate new research?
    - Example- hypertonic saline into field
    - Golden "hour" problem
      - They don't get to him in 6 hours
    - Politics get in the play
- Serve as Trainers to other hospitals and train paramedics
- Need to think of the Trauma System
- Within hospital have QA but doesn't extend beyond hospital
- Do have a multidisciplinary county conference to bring some standards of care
- Emphasis on ABCs

Don Hiatt

- Friction between nurses and firefighters and paramedics
- Training and food
- See how we operate and observe and food

AED as an example of the public-EMS collaboration

- Training issues
- People standing around

Linkages in Systems

Submitted by Michael S. Rosenblatt, MD