HIGH EFFICIENCY EMS MODEL

EMS System Efficiency

- Quality Assurance / Improvement
- Real-Time Patient Information
- Mobile Integrated Healthcare
- Resource Utilization
Emergency Medical Services

Healthcare Systems
Medical Offices
Longterm Care

Chesapeake Regional Information Services for our Patients (CRISP)

Regional Health Information Exchange
Healthcare vs. Transportation
BRIDGING THE **DATA** GAP
BRIDGING THE DATA GAP

State EMS System

MIEMSS

CRISP

PGFD
CHALLENGES

• Alignment of data
• EMS Access
• Accountability
• Use
• Benefits
• Obstacles
LIMITED "USE CASE" PILOT

- Quality Assurance/Improvement focus
  - Outcomes
  - Treatment validation
  - Destination validation
MORE CHALLENGES ALONG THE PATH....... 

- Credentialing  
  - Limitations  

- Availability of data  
  - Delays  

- Patients  
  - What is their name?  

- Terminology / Information alignment  
  - i.e. Discharge without CPC information  
  - Reperfusion times  
  - Door to balloon times (EMS vs ED)
OUTCOMES

Improved Care → Right Patient

Right Doctor → Right Place

Right Hospital → CRISP

MIEMSS → PGFD
NEXT STEPS

Mobile Integrated Healthcare
• Care Plans
• Care Access
• Treatment locations

Real-time Patient information
(at bedside)
Today

- **Contract issues**
  - Hospital contracts vs. EMS Contracts
- **Funding**
- **Alignment of patient information between agencies**
- **Performance Measures**
HIGH PERFORMING EMS SYSTEM THAT IS NOW AN INTEGRAL PART OF THE HEALTHCARE SYSTEM
THE INTEGRATION DATE WILL ENSURE THAT WE ARE BOTH EFFECTIVE AND EFFICIENT!

<table>
<thead>
<tr>
<th></th>
<th>Effective</th>
<th>Not Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>Efficient</td>
<td>A+</td>
<td>D</td>
</tr>
<tr>
<td>Not Efficient</td>
<td>C</td>
<td>FAIL</td>
</tr>
</tbody>
</table>