

# Role of 911 and EMS Systems Alternative Care Systems



**LESLEE STEIN-SPENCER**  
**R.N.,M.S.**

## What is currently in place



- Response teams: IMERT, INVENT, MOU'S
- EMS access to view Hospital Bed availability web site
- Training
- Staffing waiver requests
- Exercises
- Expanded scopes of practice-somewhat
- Critical look at response activities post incident-AAR?

# What needs to be in place



- Funding for EMS Systems starting with Dispatch
- Alternative transport mechanisms with response teams used to transport multiple patients i.e. train
- Expanded scope of practice for EMT's
- Mechanism to feel safe from Legal liabilities
- Identification, communication and notification of “Triggers” to alternative systems of care-EMS transports
- Patient tracking system that is compatible among health care systems
- Training and education for dispatchers including just in time training programs

# How to get there



- Grant funds must identify EMS as a priority partner to receive a portion of funds
- Collaborating on PSA's to assure consistent message i.e. Dispatch, EMS, LHD, Hospitals
- Incorporate medical clinics and offices into preparedness and planning activities
- Multi-disciplinary training-Chicago experience with Sim Lab
- MOU between cities for sharing of health care resources, personnel?