Emphasis Area: Emergency Response- After Crash Care

Objective: Reduction of morbidity and mortality of the Montana motor vehicle crash victim

Trauma Systems Save Lives.

Medical Dispatch. EMS. Air Medical.
Law Enforcement. Doctors. Nurses. Medical Centers.

They all save lives.

Emergency Response- After Crash Care Champions

- Alyssa Johnson RN, MSN, CEN, TCRN
- Dept. of Public Health & Human Services: Trauma System Manager

- Shari Graham, Paramedic
- Dept. of Public Health & Human Services: EMS System Manager

Statewide Collaborations

- Montana EMS System
  - EMS Services
  - First Responders
- Montana Trauma System
  - Hospitals/Trauma Centers
  - Providers & Nurses
- Montana EMS for Children
- Montana Injury Prevention Program
- Cardiac Ready Communities
- EMSTS Epidemiology

- FirstNet/AT&T
- Dispatch Centers/PSAP
- Dept. Labor & Industry Epidemiology
- DPHHS State Health Improvement Plan
- Montana Law Enforcement/MHP
- Montana Dept. of Transportation

Strategy 1- Access to Emergency Response System; On-scene Care Training & Education

- Purpose: Public awareness and education for those first on scene, before EMS arrives, can be crucial for survival. Lay bystanders can play a critical role in care, from activating the emergency response system to providing basic care of the injured patient. This requires access to 911 systems and emergency medical advice from dispatch.

Strategy 1 Focus Areas

- S1.1:Continue development of the Enhanced 9-1-1, FirstNet, & Next Generation 911 access for first responders

- S1.2:Support Emergency Medical Dispatch (EMD) training for all dispatch centers

- S1.3:Support bystander/ nonemergency personal training and education, (I.E. Stop the Bleed, First Aid, etc,).

Strategy 2-Safe & Rapid Transport of Crash Victims and Training of Emergency Responders

- Purpose: Well-equipped ambulances with trained staff is mandatory to ensure rapid transport. EMS education and training needs to be on-going with providers enhancing their skills and knowledge. Communication and quick response to on-scene crash sites by Traffic Incident Management (TIM) teams is a priority to secure and clear crash sites to reduce additional crashes and ensure safe travel for the motoring public.

Strategy 2 Focus Areas

- S2.1:Support ongoing education and training of emergency care responders.
- S2.2:Secure EMS equipment and training to properly restrain and care for children (EMS for Children)
- S2.3:Support and promote MDT Emergency Medical Equipment Grant Program
- S2.4:Promote and improve prehospital notification communication system with facilities
- S2.5:Support and promote Trauma Emergency Response training for Law Enforcement Officers (LEO) & Equip Law Enforcement vehicles with basic trauma kits
- S2.6: Support and promote Traffic Incident Management Systems (TIMS) Training

Strategy 3-Hospital-Based Trauma Care

- Purpose: Optimally, all acute care facilities with emergency departments should be formally prepared and designated to care for injured patients at a level commensurate with their resources, their capabilities and community's needs. On-going education and training of hospital-based emergency care providers is essential to improve patient care and outcomes.
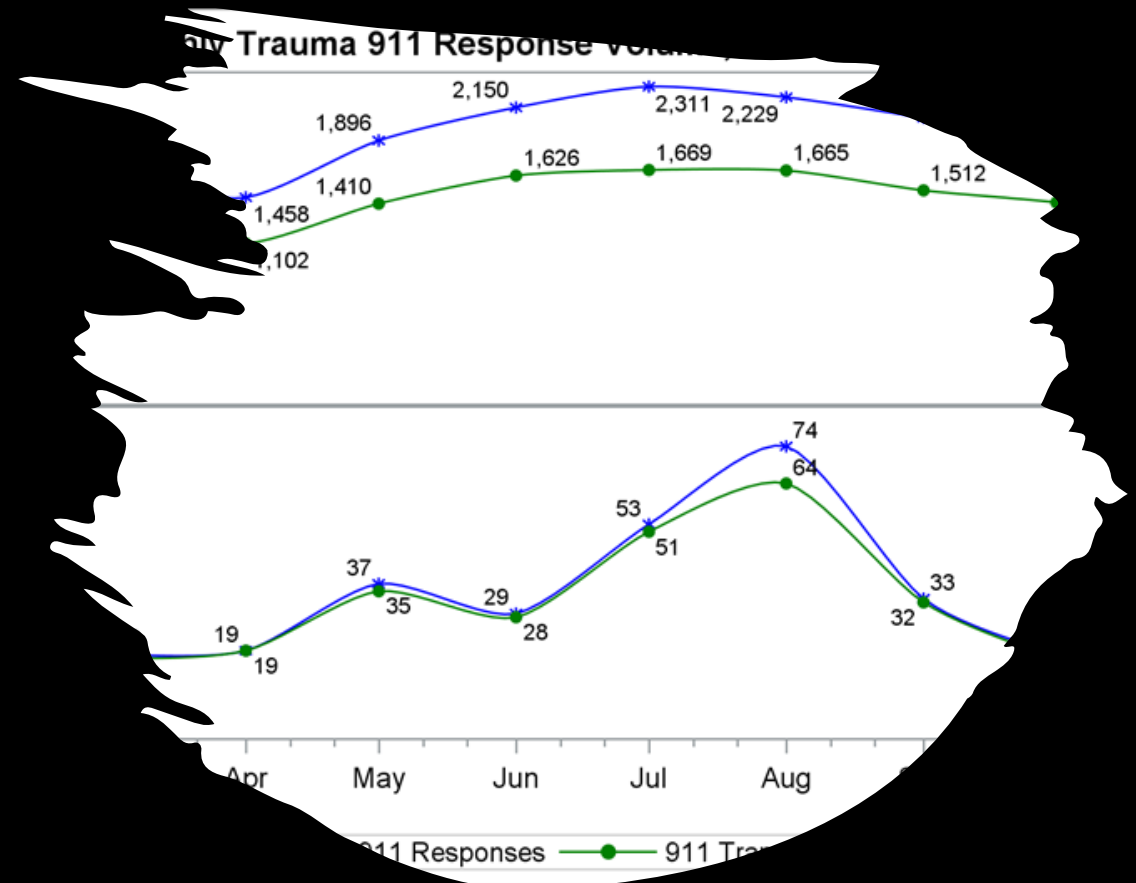
Strategy 3 Focus Areas

- S3.1:Support ongoing education and training of the trauma team.
- S3.2:Support and further trauma center designation for all Montana facilities that care for injured persons
- S3.3:Support and further Pediatric Ready Recognition for all Montana facilities
- S3.4:Continue to support and promote the Rocky Mountain Rural Trauma Symposium (RMRTS)

Strategy 4- Integrate Crash, EMS, Trauma and Roadway Surveillance Databases

- Purpose: Improve the accuracy, completeness, collection, integration, timeliness, uniformity, and accessibility of crash and injury data from various sources. Data on injuries and injury events can be used to guide post-crash response, identify gaps in quality care, and inform injury prevention strategies.
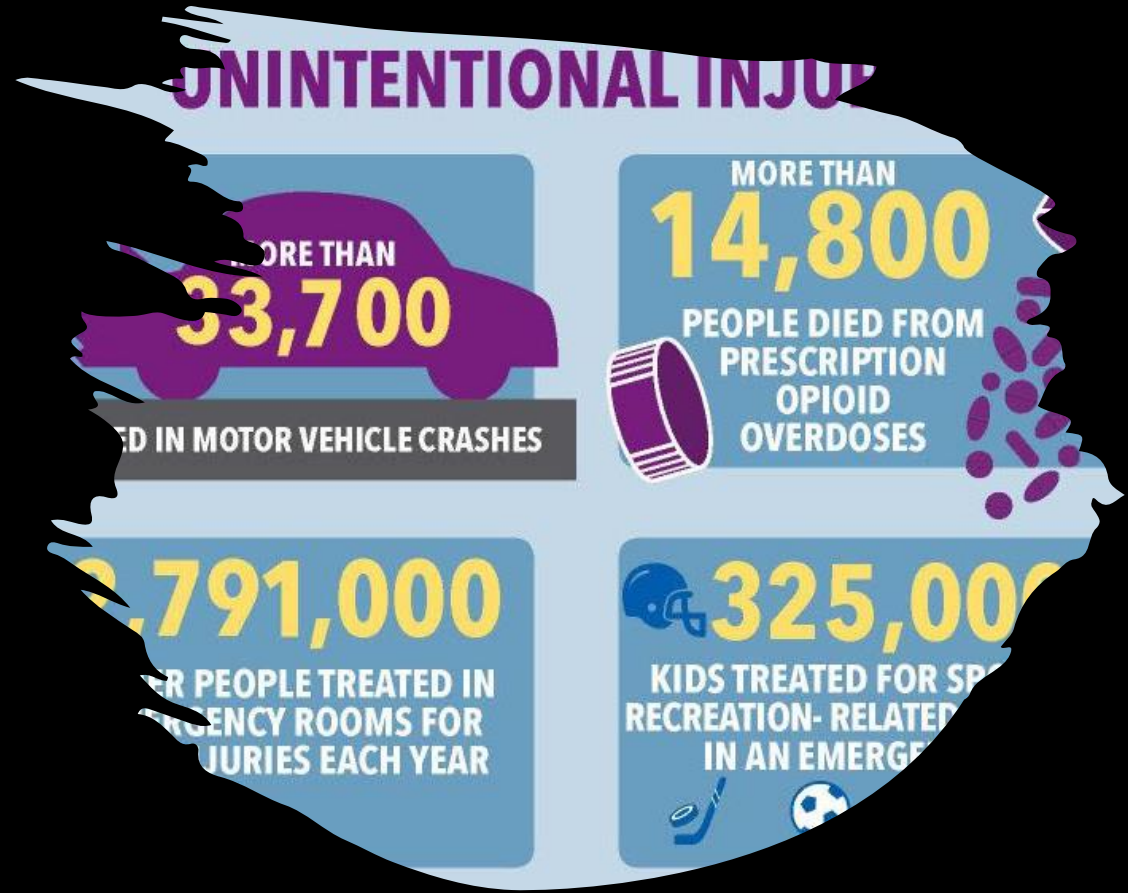
Strategy 4 Focus Areas

- S4.1:Continue to utilize and enhance ImageTrend data (EMS patient care records) to track road safety trends and to improve overall EMS system performance

- S4.2:Utilize ESO/Digital Innovations (DI) data (Trauma Registry) to analyze hospital treatment of the patient and implement performance improvement using the data

- S4.3:Continue to support and use available Montana Highway Patrol (MHP) motor vehicle (MV) crash data for analysis to guide injury prevention strategies and emergency care of the patients.

- S4.4:Integrate ImageTrend, DI and MHP data sets (via Biospatial platform among others) to provide a full picture of crash injuries in Montana

- S4.5:Utilize Dept. of Labor & Industry data to further understand first responder crash injuries

Strategy 5- Provide Statewide Injury Prevention Education to Communities Through a Collaborative Effort

- Purpose: Crashes are considered a preventable problem with identifiable risk and protective factors and proven mitigation strategies. Building a statewide education network to promote and support injury prevention is necessary to reduce MVCs.

Strategy 5 Focus Areas

- S5.1: Provide guidance, support, coordination, and technical assistance to local and regional injury prevention activities.

- S5.2:Integrate MDT Comprehensive Highway Safety Plan (CHSP) & DPHHS State Health Improvement Plan (SHIP) strategies.

Strategy 6- Support Laws, Policy Development and Legislation

- Purpose: Effective after-crash response includes policy development and legislation. These may include policy and legislation that enable access to timely care; laws/policy surrounding crash investigation, and laws that protect first responders and emergency services personnel on-scene.
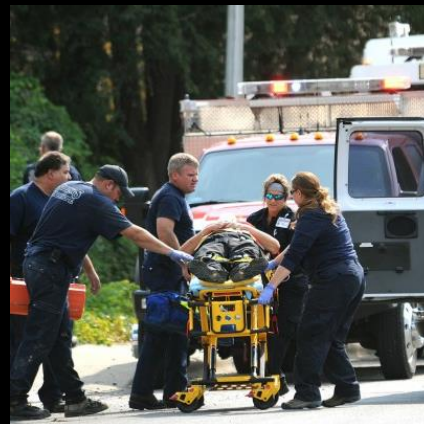
UNDERSTANDING TRAFFIC RULES

ACCIDENT LAW FOR BYSTAN

Strategy 6 Focus Areas

- S6.1: Support activities surrounding policies and regulations that provide for emergency care access, EMS, facility designation and care standards.

- S6.2 Support state law and enhance driver awareness of Montana's Move Over Law, including tow operators and vehicles.
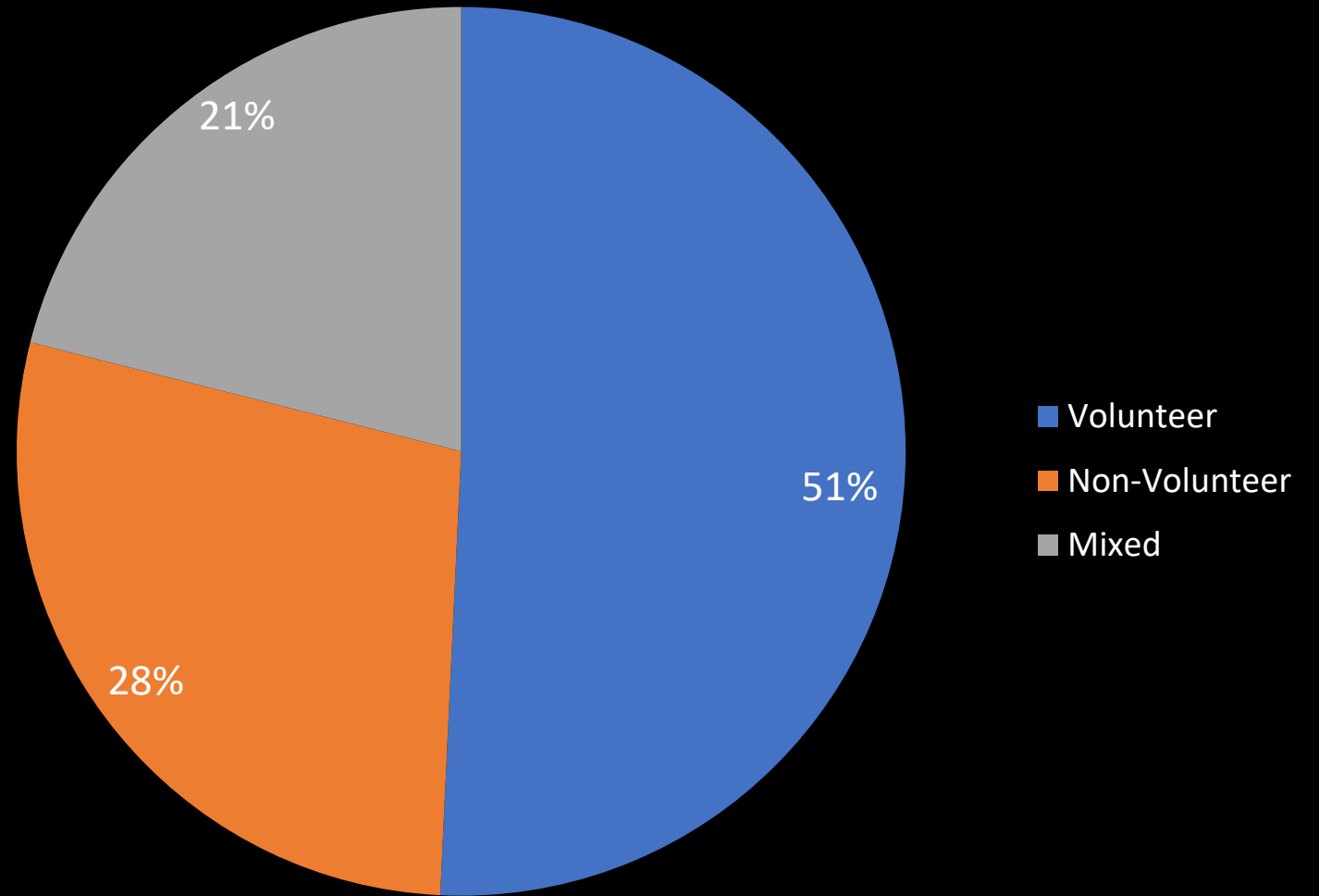
Montana EMS
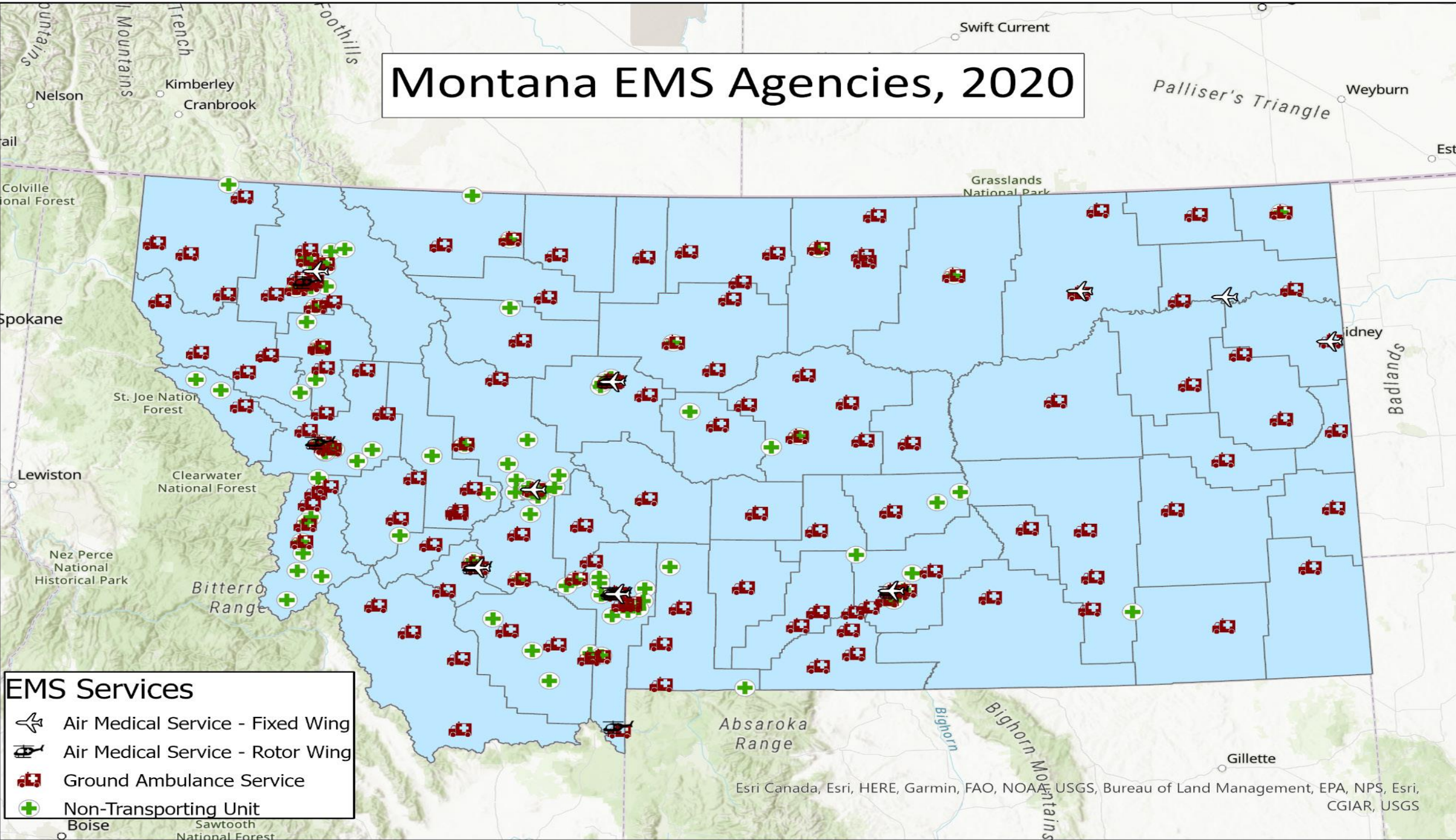
EMS Agencies

- 106 - Non-Transporting
- 145 - Ground Transport
- 10 Air Transport – Fixed Wing
- 6 Air Transport – Rotor Wing

EMS Agencies

Volunteer 51%
Non-Volunteer 28%
Mixed 21%

Montana EMS Agencies, 2020

EMS Services

Air Medical Service - Fixed Wing

Air Medical Service - Rotor Wing

Ground Ambulance Service

Non-Transporting Unit

Esri Canada, Esri, HERE, Garmin, FAO, NOAA, USGS, Bureau of Land Management, EPA, NPS, Esri, CGIAR, USGS

Emergency Medical Services in Montana: Crisis on the Horizon

- 2019-2020 Survey of 61 EMS agencies and 42 Critical Access Hospitals to identify threats to Montana's EMS System and identify recommendations for strengthening the EMS System

https://dphhs.mt.gov/assets/publichealth/EMSTS/EMS/EMSSurveyReport.pdf

Challenges Identified

Staffing

Recruitment

Funding

Training

Community Awareness

Medical Direction

Leadership

MONTANA EMS, TRAUMA SYSTEMS & INJURY PREVENTION PROGRAM

Supportive

Education

Prehospital Trauma Life Support

EPIC – Excellence in Prehospital Injury Care

Pediatric Illness and Injury

Cardiac Arrest Management

Data Collection

PI Reports – Time sensitive Illness and Injury

Data Reports

Regulatory

Licensing of EMS Agencies

Inspections

Complaint Investigation

Rule Revision

Montana
EMS Annual
Report 2021

Key Findings of This Report Include the following:

- 123 ground ambulance agencies responded to 122,551 requests for service
- 12 air medical providers responded to 5,102 requests for service
- Injury-related complaints accounted for 1 in 5 ground 911 transports and 2 in 5 air 911 transports
- Among pediatric patients (aged 0-17 years), mental and behavioral health-related complaints accounted for 1 in 3 interfacility transports, and over 10% of 911 transports
- Volunteer agencies transported 911 patients roughly three-times farther than paid agencies, with most calls lasting 30-90 minutes longer than paid agencies
- Volunteer agencies typically transport interfacility patients further than 60 miles, and most of these calls last from 3 to 6 hours
- The rotor wing ambulance cancellation rate for 911 (scene) responses is 24%
- There were more than 2,000 fixed and rotor wing interfacility transports originating from critical access hospitals or Indian Health Service hospitals

https://dphhs.mt.gov/assets/publichealth/EMSTS/EMS/EMSannualreport2021adafinal.pdf