

Intro to Health Care: The EMS System and You

While all EMS providers are part of the healthcare system, ALS providers have a wider reach into the system. This exercise helps examine that reach and sets a foundation for decision-making throughout your career.

Instructor Notes:

Encourage students to think of these scenarios as both provider and patient. At some point in this exercise ask about the amount of debt that could be incurred by a single trip to the emergency department for an uninsured or underinsured person.

Stimulate conversation that goes beyond traditional EMS practice and protocols. While protocols are important in directing care and transportation, the issues facing EMS in today's healthcare and insurance climate are deep and wide-ranging.

There may or may not be "correct" answers here in every case. That is OK. The goal of this exercise is to have your students think of big picture issues that surround commonly performed ALS decisions and modalities.

How would you respond to each of the following patients?

"I don't want oxygen or the cardiac monitor because last time that made my bill go up by \$2000." The patient has chest discomfort and shortness of breath.

How would withholding oxygen and cardiac monitoring in this patient affect his or her care? Would the ALS provider be in trouble for withholding these modalities? Does the patient have a right to refuse just a part of their care?

"I think he needs to go to the hospital. It may be nothing but the insurance will cover it." Stated by the wife of a 34-year-old man with knee pain and slight limp for 4 days.

What percentage of calls are non-emergent? Does this patient have a right to an ambulance ride to the hospital? Does an EMS provider have a right to deny transportation in non-emergent situations?

The EMS System and You (cont'd)

"I don't want pain meds or an IV because it costs too much, I can stand the pain! I don't have any insurance." You just straightened the patient's deformed tib/fib.

How do you balance the patient's wishes against a clear need for analgesia?

"Can't you just take me to an urgent care?" says a patient with a laceration that may need suturing. "Why do I have to wait all that time at the ER and just clog up the system?"

Do your protocols allow transport to an urgent care facility? If the patient is eligible for transport there, do they need ambulance transport? What are the benefits and risks of transport to a physician's office or urgent care facility?

Cost/Benefit Exercise

Please complete the following table after giving careful consideration to the cost, benefits and risks for each of the following modalities. Consider each from the perspective of the patient, the family, the ALS provider and the hospital clinicians.

Students often aren't familiar with the cost of the modalities they perform. If they were, would it change their decisions? Furthermore, the concept of benefit and risk is often skewed in favor of the benefit for the skill-focused beginning ALS provider.

Dynamic Learning Exercise

The EMS System and You (cont'd)

	Cost	Benefit	Risk
ALS used (general) Sample responses may include	Ask: How much does initiation of a "precautionary" IV line cost?	Ability to administer medications or provide fluid replacement.	Infiltration, scene delay, infection, medical errors, etc.
IV			
Naloxone			
Epi (auto-injector)			
Epi (drawn up)			
12-lead ECG (acquisition or interpretation)			
Advanced airway insertion			

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