

A focus on personal, patient, and community safety...



APRIL 2, 2024 - 11th EMS Financial Symposium | **APRIL 3-5, 2024** - 16th Annual National EMS Safety Summit



16th Annual National EMS Safety Summit

A Focus on Personal, Patient, and Community Safety

***Convened by the Mile-High Regional Emergency Medical and Trauma
Advisory Council (Mile-High RETAC) since 2008
Embassy Suites by Hilton- Downtown Denver
1420 South Street, Denver, Colorado 80202***

16th Annual National EMS Safety Summit Course Descriptions

Wednesday, April 3, 2024

9:15 – 10:15

***NHTSA Update: Safety Project Updates
Including Fatigue Evidence Based Guidelines
and Ambulance Crash Data***

***Kate Elkins, MPH, CPH, NRP, CHES
NHTSA Office of EMS, National 911 Program, and 911 Specialist***

Course Description:

Kate will provide an update on the NHTSA projects related to safety to include the Fatigue Evidence Based Guidelines, Ambulance Crash Data, restraining pediatric patients and others.

Learning Objectives:

- Students will identify where to find the Fatigue Evidence Based Guidelines (EBG) and how they can help inform department policy.
- Students can describe two calls to action from the most recently published ambulance crash data.
- Students can describe policies that can improve the safety of EMS clinicians in their agency.

Attendee Take-Away:

- Students will understand the importance of safety policies in their agency.

11:15 – 12:00

Case Studies in Patient and Provider Safety

Scott Bourn, PhD, RN, FACHE

*VP Clinical Quality & Impact, Securisyn Medical,
Co-Founder and Faculty, NAEMSP Quality and Safety Course*

Course Description:

One of the challenges in reducing the frequency of patient and provider harm in EMS is recognizing cases when they occur. This session, made up entirely of actual safety incidents, will enable participants to recognize the elements of patient/provider harm, understand what type of harm occurred, and consider strategies to prevent them in the future.

Learning Objectives:

- Define “harm”, “adverse event”, and “error.”
- Given a case study, recognize the harm that occurred to patient and /or provider
- Identify the category of harm presented in a case
- Describe potential strategies to reduce future harm caused by a specific cause category

Attendee Take-Away:

Patient and provider safety incidents can be prevented once they are recognized and understood.

12:45 – 1:30

Caring for Our Colleagues: Support for Clinicians Involved in Patient Safety Incidents

Scott Bourn

Course Description:

Over the past several decades, focus has been appropriately placed on understanding and preventing adverse events to reduce the harm they have to patients and their families. A growing body of data has demonstrated that patient safety incidents also impact clinicians who are directly or indirectly involved. This program will review the literature on what has been called the “second victim phenomenon” to identify the most common responses clinicians have following a patient safety incident and describe support strategies to ease their struggles and help retain them in the profession. Several cases will be used to help participants recognize common signs and symptoms.

Learning Objectives:

- Describe the patient care incidents that cause harm to the patient and/or are classified as adverse events.
- List 3 fears that clinicians involved in an adverse event case may experience
- List 3 physiologic symptoms often experienced by clinicians involved in an adverse event
- Suggest 2 evidence-based interventions (personal or organizational) that may support clinicians following an adverse event

Attendee Take-Away:

Attendees will recognize common responses to adverse events and how to support colleagues.

1:30 –2:15

Clinical Safety

Alex (AJ) Rosario, MICP, NRP

*Hackensack Meridian Health, Hackensack University
Medical Center, Clinical Supervisor*

Course Description:

This class will provide an overview of the best practices for clinical safety. With the use of case studies, the class aims to educate on reporting practices for culture of safety.

Learning Objectives:

- Understand the human factor and how to prevent errors.
- Reporting systems and how to report to larger organizations and outside entities.

Attendee Take-Away:

Attendees will acquire the necessary tools and best practices in clinical safety, equipping them with the knowledge of when and how to appropriately report safety concerns, ensuring the delivery of a secure clinical environment.

2:15 – 2:45

Medication Safety for Adults and Pediatrics**Douglas Kupas, MD, EMT-P, FAEMS***Geisinger Health System, Professor of Emergency Medicine**Medical Director, Geisinger EMS,**Co-Director, Geisinger Mobile Integrated Healthcare Program**Director, Resuscitation Programs***Course Description:**

Medication errors are responsible for significant harm to patients in all healthcare settings, and out-of-hospital environment poses unique risks. This session will describe EMS practices that are associated with risks and will discuss techniques to mitigate the opportunity for harm. Topics discussed will include patient assessment, medication storage by EMS, medication cross-check, pediatric dosing systems, and other medication safety principles applied to the EMS setting.

Learning Objectives:

- Describe the risks associated with storage, carrying, preparation, and administration of medications by EMS clinicians.
- Understand biases and omissions that lead to medication errors.
- Describe medication “cross check” programs to reduce medication errors in EMS.
- Discuss the effect of different medication concentrations on safe utilization
- List system approaches to reduce pediatric medication dosing errors in EMS.

Attendee Take-Away:

With the ability to administer medications comes great responsibility to “do no harm” – safe medication practices can reduce the risk of medication mishaps.

3:00 – 3:30

Patient Care Technology Safety**Douglas Kupas****Course Description:**

Technology can help to make EMS care safer for both patients and EMS clinicians, but it can also distract or mislead appropriate care. This presentation will describe technology that is the standard of care for safe EMS care and will also discuss situations where we should “treat the patient, not the monitor”.

Examples of technology discussed will be waveform capnography, electronic medication pumps, and carbon monoxide monitors.

Learning Objectives:

- Understand the advantages and disadvantages of various methods of measuring carbon monoxide exposure in EMS patients.
- Apply an evidence-based approach to verification of placement of advanced airways in EMS.
- Develop techniques to avoid treatment errors caused by incorrect interpretation of technology data.

Attendee Take Away:

Technology can enhance patient safety in some situations, but it can also be a dangerous distraction in others-EMS clinicians must understand the difference.

3:30 – 5:00

When EMS Safety Hits Home

Frederick Haas, Jr.

Safety Manager, Geisinger EMS

Course Description:

In the journals we read accounts of EMS responders injured in the line of duty. Our smugness tells us “It won’t happen to me” or I’m careful and will always be safe”. If we could ask the responders who were injured or who lost their lives each year, they would have probably said the same things. This emotional presentation will look at lives impacted by common, run of the mill events in our EMS life. The results of these incidents have left permanent scars on those involved, their co-workers, and their friends. Each of these accounts affected co-workers, friends, or family members. Their lessons hope to avoid future providers from going through the same situations.

Learning Objectives:

1. Discuss fatigue in EMS (case involved an ambulance MVC involving ejection of a care provider and subsequent multiple fatalities (provider and patient).
 - a. Identify the problem and incidence of fatigue in EMS
 - b. Recognize how fatigue affects performance
 - c. Outline best practices of EMS agencies working to combat fatigue
 - d. Discuss how a line of duty death impacts a department and steps to prepare for type of “unthinkable” event
2. Discuss the importance of using restraint devices while providing patient care (case involving ambulance struck while returning from call and provider ejection)
 - a. Identify risks of being unrestrained in patient care compartment

- b. Recognize risks posed by unrestrained equipment
 - c. List barriers to seat-belt use
 - d. Identify best practices in patient, provider, and equipment restraint
3. Identify hazards associated with roadway incidents (case involving provider struck at the scene of an MVC)
 - a. List hazards of working on highway
 - b. Identify best practices in vehicle positioning, hi-viz apparel, and other operational strategies
4. Recognize hazards presented by distractions (case involving medic unit rear-end collision with civilian driver)
 - a. List potential distractions present to emergency vehicle operators
 - b. Discuss methods to reduce distraction
 - c. Review the use of on-board vehicle monitoring devices and cameras
5. Discuss the incidence of suicide among emergency responders (case of emergency responder committing suicide)
 - a. Discuss emotional response of EMS providers responding to their peer
 - b. Identify potential behavioral clues for peers under stress
 - c. Outline resources available for responders experiencing stress
 - d. Discuss the importance of CISM on peer-response
6. Review hazards presented by emergency vehicle operations (case involving ambulance versus civilian vehicle fatality)
 - a. Identify risk involved with red-lights and sirens response
 - b. Discuss emotional costs to emergency vehicle operators experiencing these events

Attendee Take-Away:

As safety professionals, our ultimate goal should be to ensure every provider leaves duty safe, healthy, and mentally well.

Thursday, April 4, 2024

9:05 – 9:45

EMS Safety Culture: You Are the Difference

Michael Stern

*National Fire Academy, U.S. Fire Administration
Training Specialist EMS Curriculum*

Course Description:

Changing the culture of safety is not just about policies and management. This change is driven by the actions of every individual involved, every one of us. References to rules, regulations, standards, and guidance documents are tied to reality of agencies' procedures, as well as a case study of how change happens.

Learning Objectives:

Learners will be able to modify actions to apply change to the culture of safety in Emergency Medical Services. Increase the Emergency Medical Services awareness of the Public Safety

Attendee Take-Away:

Change of view and application of the actions needed to improve the culture of safety in Emergency Medical Services.

9:45 – 10:45

Conducting Safety Investigations

Matthew Streger, Esq. MPA, NRP
Attorney at Law, Keavney & Streger, LLC

Course Description:

Safety incidents require objective and legally valid investigations to determine facts and make recommendations for process improvement and individual issues. This is a core competency of most members of front-line leadership, but we are often lacking in real-world skills for this essential function. This class will review the process necessary to conduct an investigation, from the initial inquiry, review of documents, timeline, interview process, validation, and documentation. We will review legal issues such as the attorney-client and work-product privileges.

Learning Objectives:

Develop investigation skills for safety incidents; Understand the objective process for safety investigations; Understand legal issues related to investigations.

Attendee Take-Away:

An objective, validated, and systemic approach to safety investigations is essential to protect the organization from liability.

11:00 – 12:00

Top 10 Safety Policies You Need

Matthew Streger

Course Description:

Policy development is the bane of every EMS leader's existence, yet these policies drive our organization's success. As EMS becomes more complex, we need more policies that address these complexities and unusual circumstances.

This lecture will look at EMS liability, real-world safety issues, and go over key policy elements for some essential safety policies.

Learning Objectives:

Develop an understanding of the need for safety policies; Review essential safety policies and elements; Develop skills for applying these policies to other actions within your agency.

Attendee Take-Away:

Your policies and culture drive every element of your organization, including your safety.

12:45 – 1:30

How to Write Safety Policies and Get Team Member Buy-In

Alex (AJ) Rosario

Course Description:

This class will provide an overview of recommended practices to draft thorough, practical safety policies. It will discuss how to develop an EMS Safety Committee and how to develop a framework for team members to allow them to drive improvements in safe workplace behaviors.

Learning Objectives:

- To understand policy development and review practices for safe workplace measures.
- To identify strategies to cultivate an EMS Safety Committee.
- To identify strategies to engage team members in safe workplace behaviors.

Attendee Take-Away:

Attendees will take away safety policy development and review skills and learn how to foster a culture of safety through an EMS Safety Committee and team member engagement.

1:30 – 2:30

If Not Response Times, Then What?

Kolby Miller, EMT-P, I/C, MBA
Medstar (Michigan) President & CEO

Course Description:

As EMS clinical and agency leaders across the country become increasingly aware that response time is not a significant contributor to patient outcome, we need to develop other metrics by which we can internally monitor and externally report the quality and value of our services.

Learning Objectives:

- Understand the research into the correlation between response time and patient outcome.
- Understand the history of response time performance as a measure of EMS agency and/or system performance. Examine developments in EMS systems since the adoption of standardized response time performance measures.
- Examine and evaluate other performance metrics applicable to EMS agency performance or service quality delivery.
- Discuss EMS systems in the US implementing changes that lessen risks of RLS response and transport, relative to the impact on response time and patient outcome.
- Understand and discuss communication strategies around public expectations and messaging.

Attendee Take-Away:

Response time is a dangerous and irrelevant metric for EMS agencies and systems to use.

2:45 – 3:15

***Suicide Prevention, Intervention, and
Postvention: How to Have a Plan to Protect
Your Workplace***

Kate Elkins

Course Description:

There have been many reports recently on the increased incidence of suicide in our communities and workforce. While we work to better understand the problem, there are simple things that any agency can do to better protect their workforce. This presentation will walk you through basic suicide prevention, how to plan for an EMS clinician in crises, and how to plan should your agency have an EMS clinician die by suicide. Through empowering our EMS clinicians to ask each other tough questions and providing them with the tools to act, we can prevent the loss of more peers to suicide. There is hope, and through research, prevention, and intervention, we can save lives.

Learning Objectives:

- Students will understand current research on suicide among first responders
- Students will understand the basics of prevention, intervention, and postvention for suicide
- EMS leaders will know where to find free resources for prevention, intervention, and postvention for EMS clinicians.

Attendee Take-Away:

There are simple things that agencies and EMS clinicians can do to prevent suicide among our workforce and improve response to peers in crisis.

3:15 – 4:15

Bariatric Emergencies, a “Big-Boned’ Problem**Andrew Caruso, AS, EMT, CEM**

*Monmouth County Sheriff’s Office, Deputy EMS Coordinator,
New Jersey EMS Task Force, Safety Module Manager*

Course Description:

America’s population is growing in number and in size. This presentation will guide EMS providers in responding to, caring for, and safely moving patients from this challenging population to definitive care. We will explore the different challenges the Bariatric patient presents, the causes of obesity, different methods of combatting it, and emergencies related to weight loss surgery. We will also discuss patient moving equipment designed specifically for Bariatric patients, as well as the limitations of the rest of our standardized equipment.

Learning Objectives:

-Learn to safely respond to, assess, and transport patients who present challenges associated with obesity as well as what got them into the current situation to begin with.

Attendee Take-Away:

Bariatric patients present specific challenges that the EMS provider must be informed of and equipped to manage safely.

4:15 – 5:00

How Insurance Can Drive Safety in EMS**Peter Dworsky, MPH, EMT-P, CEM, FACPE**

Markel insurance, Senior Risk Solutions Specialist

Course Description:

Insurance companies can play a pivotal role in driving safety initiatives in EMS by employing a multi-faceted approach that combines risk management, collaboration, and incentivization. We will discuss some of the various factors insurance companies look at when deciding whether to insure an EMS agency, raise and lower premiums or even not renew policies. We will discuss strategies that EMS agencies can implement to mitigate their risk that will typically place them in a favorable insurance rating and create a safer and more resilient organization.

Learning Objectives:

By the end of the presentation, the attendee will be able to describe three mitigation strategies insurance companies look at when developing policies.

Attendee Take-Away:

How to have your insurance program leverage safety programs.

Friday, April 5, 2024

9:05 – 9:30

EMS Role in Prevention and How Public Health Injury Prevention Methods Can Protect Both Our Community and Workforce

Kate Elkins

Course Description:

EMS clinicians respond to injuries and illnesses of all kinds and are prepared to intervene and save lives. However, these exposures to tragic and traumatic incidents take a toll on those who respond and can create passionate advocates for prevention. Through an introduction to the basics of public health prevention, EMS clinicians, as a critical public health workforce, can improve prevention in their communities. EMS clinicians care for patients where they are and witness risk factors that are opportunities to intervene before injury or illness occurs. By improving one's understanding of public health prevention science, EMS clinicians can help prevent some of the most frustrating and traumatic calls they frequently ruin.

Learning Objectives:

- Students can define risk factors and problem identification using public health basics.
- EMS leaders can describe how identifying risk factors on emergency calls can prevent future illnesses or injuries for patients.
- Students can describe an example of an intervention where EMS agencies improved prevention in their community.

Attendee Take-Away:

There are great lessons to be learned from public health prevention science to help EMS agencies improve health and safety in their community and reduce exposure to traumatic events.

9:30 – 10:15

Light Em' Up?

Brian Maloney, MS, Paramedic

Plum EMS, Director of Operations

2023 NAEMT-ACEP/Technimount EMS Safety in EMS Award Recipient

Course Description:

“Light Em’ Up?” shares the accomplishments of an EMS agency focusing on the safety of the EMS crew, patient, and community by decreasing the use of lights and sirens both responding to calls and transporting patients to the hospital.

Learning Objectives:

-Increasing safety of EMS, patients, and community by decreasing use of lights and sirens.

Attendee Take-Away:

Decreasing the use of lights and sirens does not have to jeopardize response times or patient care and can help us come home safely!

10:30 – 11:15

“You’re Driving Me Crazy” Employee Driving Training

Garrett Hedeem MHA, LP

Occupational Health and Safety Specialist Sr.,

Austin Travis County EMS

Roger Patterson

Commander and Safety Officer

Designated Infection Control Officer

Austin Travis County EMS

Course Description:

How does your agency prepare its workforce for the riskiest part of the job? Will a “canned” course be enough? Except for 2020/2021 (during COVID) vehicle accidents have been the largest killer in the profession. It’s the number one reason EMS is sued as well. This program will help the EMS leaders evaluate the training needs and planning of their departments in the area of driver’s training. We will walk you through what one large organization does for their new employees and how they’ve adapted the training over the years with input from accident investigations’ data.

Learning Objectives:

The EMS leader will learn how to evaluate accident investigations data and turn it into customized training to meet the needs of the organization.

Attendee Take-Away:

A framework for training your next EMS vehicle operators based off of common and customized driving issues sent to your organization.

11:30 – 12:15

Safe (and Legal) Patient Restraints

Andrew Caruso

Course Description:

This course is designed to show how to safely and legally restrain patients for their safety and the safety of responders. We will discuss how to do it properly, humanely and what the risks are of not doing it properly. There will also be case studies in failed, and tragic patient restraint situations.

Learning Objectives:

-Learn to humanely restrain patients for their safety and the safety of the

Attendee Take-Away:

Unfortunately, some patients must be restrained in order to get to definitive care safely. This can be done properly to avoid injury or worse.

1:00 – 2:30

Verbal De-Escalation

Crystal Eastman, Paramedic, AAS

Denver Health Paramedics, EMS Education:

Paramedic School Lead Instructor

Course Description:

EMS providers are given the tools to assess, treat and transport critically ill patients, but the tools to communicate with those patients are frequently left out of textbooks and classroom lectures. There is a need identified for training to provide EMS providers with these communication tools. It would be impossible to try to speak to every situation that a person might find themselves in, and even if we could give you a script for every encounter, that script would soon be forgotten. The goal of this training is to help provide first responders with the understanding of how people think and react so they can recognize the root cause of what is happening and respond appropriately creating a safer environment for everyone.

Learning Objectives:

- Provide perspective on the brain and how it functions for a person in crisis.
- Explain the core needs of a person based on what is happening in their brain and body that must be met for them to feel calm again.
- Demonstrate how the use of empathy to calm an agitated person.
- Provide specific communication examples on how to help people with a wide range of emotions, circumstances, and backgrounds.

Attendee Take-Away:

When we strive to communicate in an empathetic way, we can connect with people to help them feel calm, creating a safer environment for the patient and

providers which can improve patient outcomes and reduce provide compassion fatigue.

2:45 – 4:00

The 7 D's.....The Patients Who are Most Likely to Assault Us, But Not Always Considered to be a Criminal Assault and How We Can Reasonably Defend Ourselves!

Jason Brooks, BAS, EMT-P, I/C
DT4EMS, LLC President/CEO

Course Description:

As healthcare providers we are the only profession in the world that must determine patient or attacker in a split second of time. What do I mean? If someone tried to assault you, your initial response may be to strike them back, however that may not be considered reasonable! While doing our job, we may have someone try to slap, punch, bite, or even dig their nails into you, but are they doing it because of a medical condition like being hypo-glycemic, do they have dementia, postictal from a seizure, or are they drunk, drugged or just a jerk? In any other profession if someone was to attempt to hurt you, you would just “Defend” yourself with no other thought, but in our job as healthcare providers we must make sure that our use of self-defense is reasonable no matter if it is an attentional attack or someone who is just confused due to a medical condition. Yes, you have the right to always defend yourself, but we must deploy skills that work for both the patient as well as the attacker so that we don’t accidentally have a case of staff overreaction which could lead to legal troubles after the fact.

This lecture is going to help the participants to become better mentally prepared for possible assaults from what we call the 7 D’s so that they can deploy tactics to avoid the assault instead of relying on techniques to stop the assault after it has occurred.

Learning Objectives:

- The participants will be able to list the 7 most potential patients of an assault.
- The participants will understand the difference between an uncooperative patient and an attacker.
- The participants will better understand the difference between intent and no intent to cause harm. (provider perception)
- The participants will understand what is considered “Staff over reaction”.
- The participants will learn tactics to avoid the initial assault so that they don’t have to deploy techniques to escape an assault.

Attendee Take-Away:

How to recognize the difference between an uncooperative patient and an attacker and protect themselves and avoid staff overreaction!