

EMS Medical Oversight

Leading through the storm...



Ed Racht, MD

Chief Medical Officer
Global Medical Response
GMR Medicine





My goal:

*Excite you with the art
of delivering the science...*

Leading in EMS



EMS is the coolest practice of medicine on the planet.....

This Practice of Medicine:

- Never closes
- Addresses *every single* request for care
- Will come to you wherever you are
- Treats patients regardless of *anything*
- Makes major clinical decisions with very limited data
- Is often at the intersection of life, disability and death
- Depends on pristine readiness and resiliency
- *Is expected to do anything possible...*

Medical Direction



o·ver·sight

/ˈɒvərˌsaɪt/

noun

noun: **oversight**; plural noun: **oversights**

1. an unintentional failure to notice or do something.
"was the mistake due to oversight?"

Similar: [mistake](#) [error](#) [fault](#) [failure](#) [omission](#) [lapse](#) [inaccuracy](#) [▼](#)

2. the action of overseeing something.
"effective oversight of the financial reporting process"

Similar: [supervision](#) [surveillance](#) [superintendence](#) [inspection](#) [charge](#) [care](#) [▼](#)

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2. the action of overseeing something.
"effective oversight of the financial reporting process"

Similar: [mistake](#) [error](#) [fault](#) [failure](#) [omission](#) [lapse](#) [inaccuracy](#) [^](#)

1. an unintentional failure to notice or do something.
"was the mistake due to oversight?"



There is both art & science in every
practice of medicine...

“Establish Airway”

“Ensure scene is secure...”





The Framework of an EMS Practice

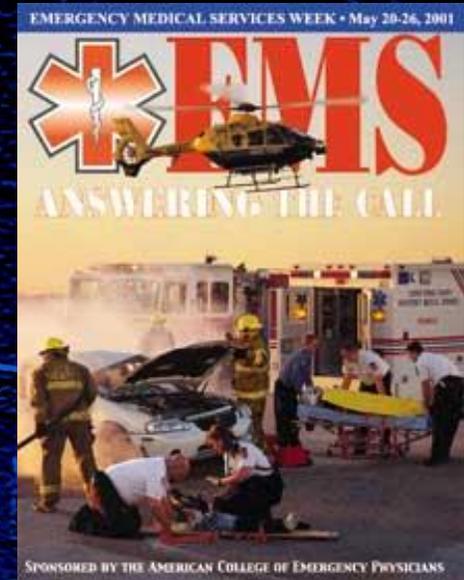
Medical Oversight

- Direct
 - All physician activities that involve in-person participation by the physician (EMS care)
- Indirect
 - All physician-directed (& influenced) activities that support the provision of EMS care

MEDICAL DIRECTOR

Anatomy of an EMS System

- Public readiness
- Recognition of an emergency
- Activation of 911
- Dispatch of “right” resources
- Pre-arrival instructions
- First (priority) response
- Transport unit (air or ground)
- (the right) Emergency Department / facility
- Interfacility transport



“Physiology” of an EMS System

- Provider wellbeing and resiliency
- Illness and injury surveillance
- Quality and safety of care delivery
- Evidence influenced practices
- Development and support of systems of care
- Credentialing (& privileging)
- Growth and attractiveness of the profession
- Outcomes – Not just performance

THE WALL STREET JOURNAL.

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<http://www.wsj.com/articles/the-revolution-in-ems-care-1474856802>

LIFE | HEALTH | JOURNAL REPORTS: HEALTH CARE

The Revolution in EMS Care

Thanks to new technology, new life-saving techniques and new missions, ambulance crews are far from the 'horizontal taxicabs' they once were



New EMS models are being tested, including having so-called community paramedicine teams provide preventive care—and even make house calls. *ILLUSTRATION: MARGARET REIGEL FOR THE WALL STREET JOURNAL*

By **LAURA LANDRO**

Sept. 25, 2016 10:10 p.m. ET

There's a revolution taking place in emergency medical services, and for many, it could be life changing.

From the increasingly sophisticated equipment they carry and the new lifesaving techniques they use, to the changing roles they play in some communities—providing preventive care and monitoring patients at home—ambulance crews today are hardly recognizable from their origins as “horizontal taxicabs.”

The evolution of the "science"

MAST[®] has helped save lives!

Actual Case Histories prove MAST controls or reverses shock.*

MAST – David Clark Company's Medical Anti-Shock Treatment – produces rapid autostimulation for the control or reversal of shock in the pre-hospital environment. And it can keep trauma victims all the way to the hospital, even up to required surgery. MAST can be pre-treated and applied in just 60 seconds. It may mean the difference between life and death in emergency situations where even seconds are critical.

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*Documented Case Histories available upon request.

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Should I Activate Mobile ECMO

Call Mobile ECMO Activation Line **612-638-4901**

1. Tell dispatcher you need a mobile ECMO activation
2. Crew can be connected directly to the Mobile ECMO physician for further instructions if needed

EMS Goals
Minimize scene time / expedite transport
Early LUCAS-CPR/Defibrillation
Supraglottic / ETT Airway
Continue ACLS during transport
⚡ Shocks as needed
💊 Maximum of 3mg Epi
Optimize adequate ventilation during transport

Transport To Participating Hospitals

Fairview Southdale | University of Minnesota | Regions Hospital | North Memorial

Do Not Activate (if any of the following are 'No'):

- 18-75 years old?
- Vtach/Vfib presenting rhythm?
- At least one failed shock leading to continuous VT/VF/PEA/Asystole?
- Recurrent VT/VF after obtaining ROSC
- LUCAS available for transport?



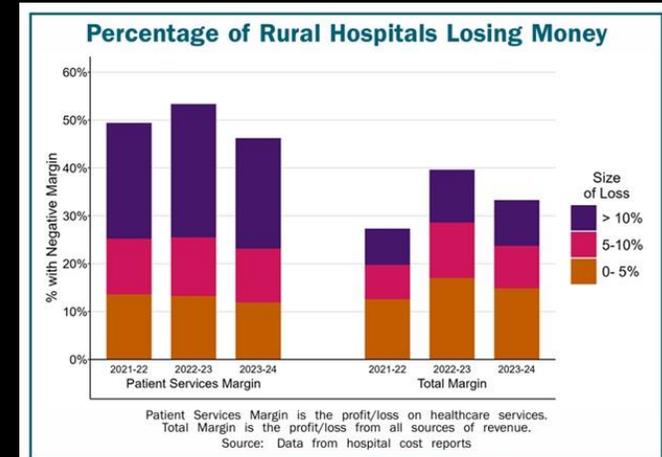
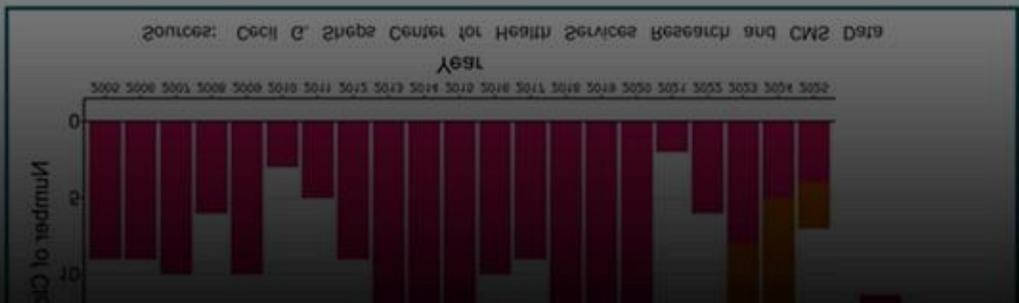
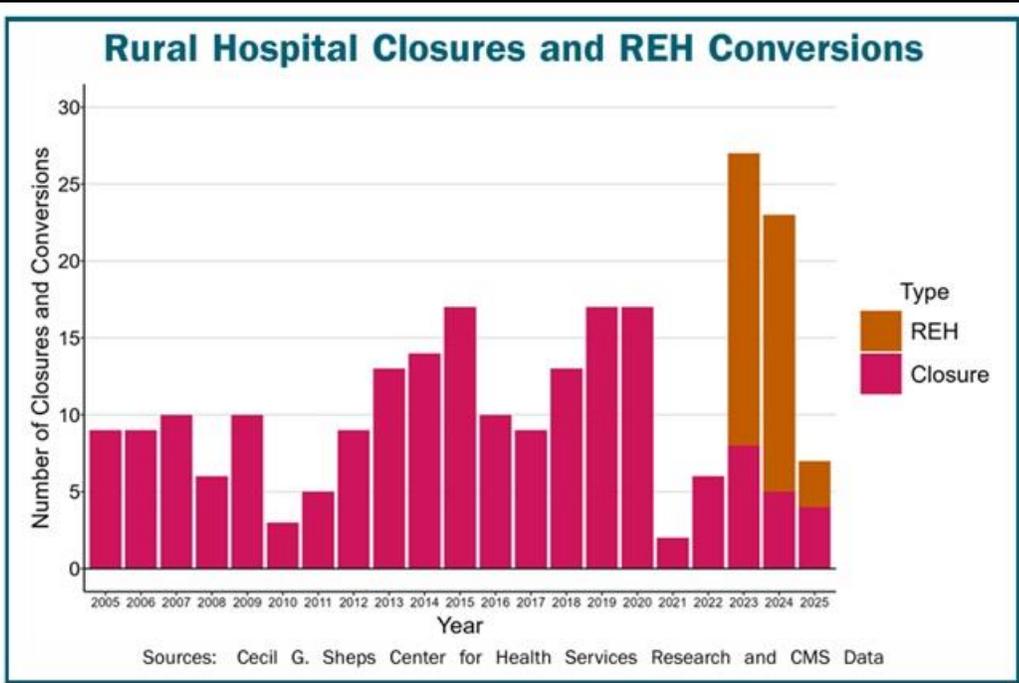
Integrated Specialty Systems of Care

(Movement is specialty medicine)

- Trauma
- STEMI / NSTEMI
- Stroke
- Pediatric critical illness
- Burn
- Cardiac arrest
- Critical care
- Sexual Assault
- Hazardous Materials
- Sepsis
- Special Pathogens



[Dramatically] changing hospital landscape

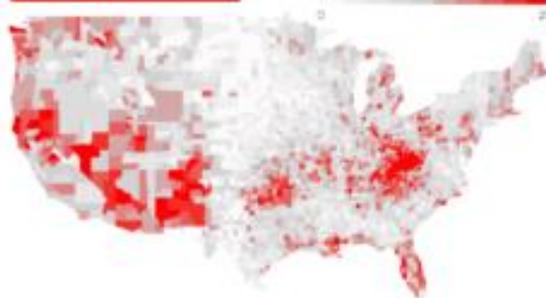


America's Opioid Crisis

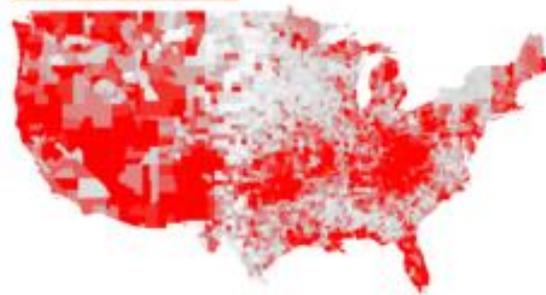
The stunning spread of the opioid painkiller and heroin epidemic in two maps over 10 years.

Drug mortality, 2005

Overdose Deaths (Per 100,000 people)



Drug mortality, 2014



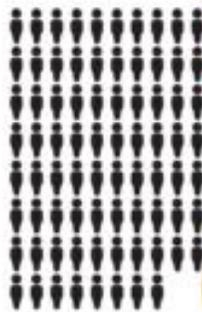
Sources: Centers for Disease Control and Prevention, National Institutes of Health



A challenge for cities, counties and states

The rise in prescription opioid and heroin addiction is causing an increase in overdoses as well as more cases of HIV/AIDS and hepatitis C.

Deaths from opioids



78

Americans die every day from an opioid overdose.

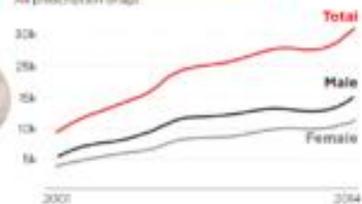


Rural
25,234

Urban
15,091

National overdose deaths

All prescription drugs

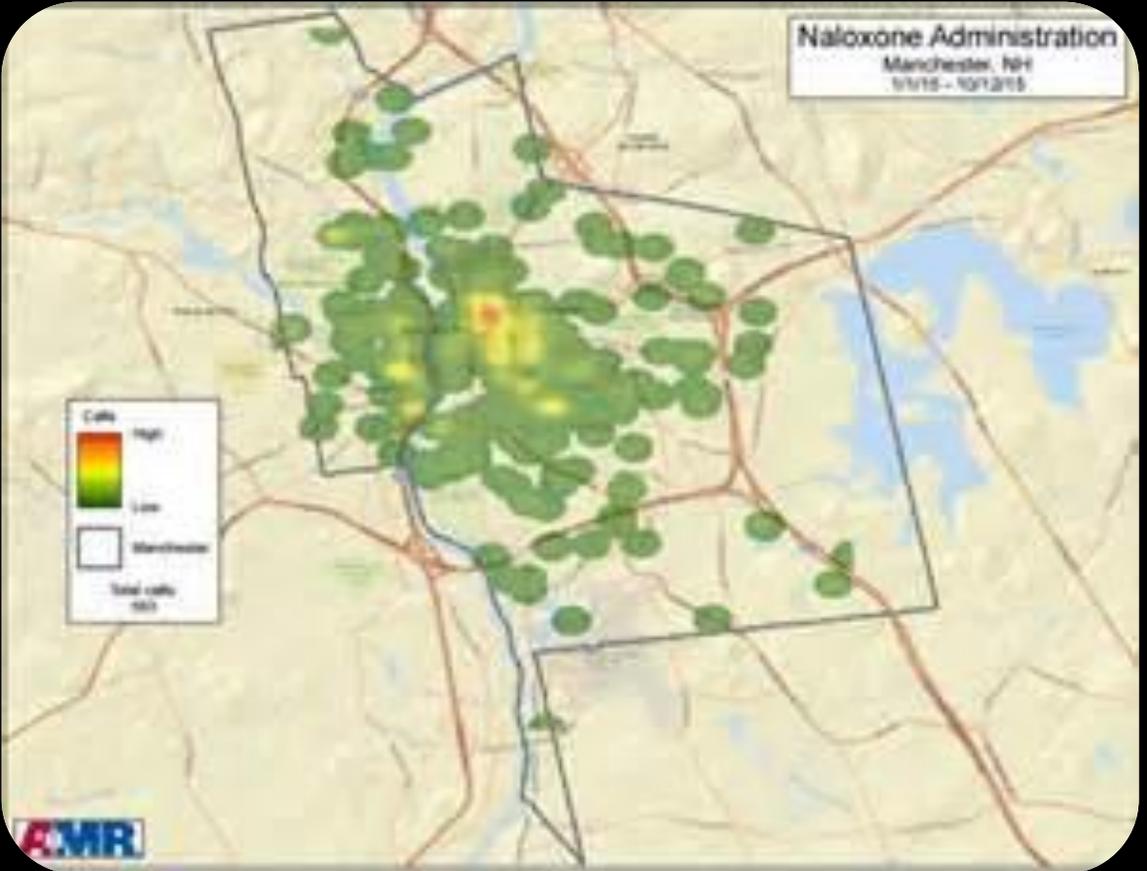


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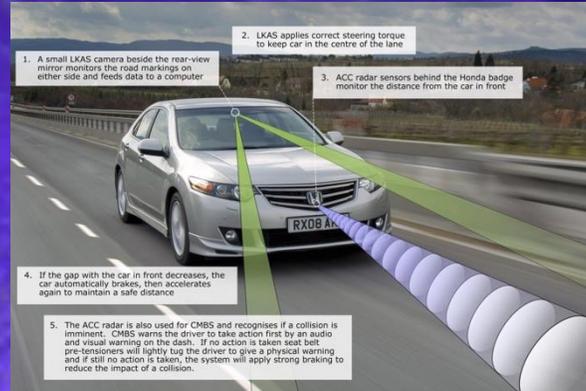
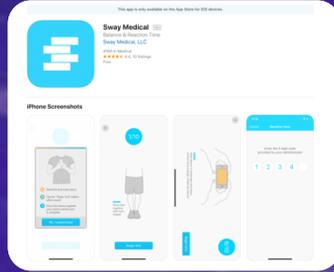
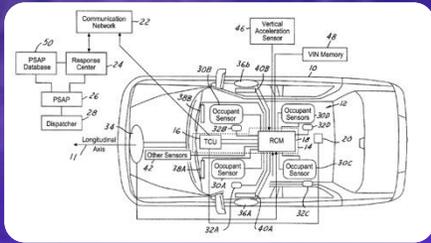




Naloxone Administration
Manchester, NH
1/1/15 - 10/1/15



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WELL-KNOWN:



Medical Oversight is the act of building and maintaining a comprehensive clinically appropriate patient care system

Driver in critical condition after interstate wreck

The southbound lanes of Interstate 35 near Rundberg Lane in North Austin were closed for several hours Wednesday afternoon after a three-vehicle wreck. Warren Haselgrove, spokesman for Austin-Travis County Emergency Medical Services, said the accident involved eight people, one of whom had to be extracted from her

Hyundai, above. STAR Flight took the woman to Brackenridge Hospital, where she was treated in critical condition. Two others had minor injuries. Detective Dustin Lee said the white truck rear-ended the Hyundai, which then struck another car. No information was available on possible charges.

By Benner [benner@cs.cnet.com](#)

EL PASO SEPTEMBER 2007

SPECIAL SUPPLEMENT: THE STATE OF THE SCIENCE

JEMS

THE JOURNAL OF EMERGENCY MEDICAL SERVICES

Resuscitation
ROSC successes & research are changing field practice

ALSO INSIDE:
Attacking cardiac arrest, p.34
EMS field training & evaluation, p.52
Managing thoracic trauma, p.60
MCI multipliers, p.84

Always On Route [JEMS.com](#)

SWAT team can save life, too

Five members were providing emergency medical procedures

By Steven Berman

IN MEMPHIS, Tennessee, Stephen D. Light (center), 2007 Best of Show, and Jeff (right) and Jeff (left) are on the scene with a patient. Light is a member of the Memphis Police Department.

By Steven Berman

ALS Didn't Boost Survival in Major Trauma

BY JEFF EVANS
Elsevier Global Medical News

NEW YORK — Advanced life support given at the scene of a major traumatic injury did not improve the morbidity or mortality of patients any more than basic life support, according to results from the largest prospective study of prehospital care yet conducted.

"Our findings support the rapid transport philosophy of getting the patient to a hospital as quickly as possible," Ian G. Stiell, M.D., commented on the results of the Ontario Pre-Hospital Advanced Life Support (OPALS) study on major trauma.

Prior to the OPALS study on

in the literature supported or refuted the stabilization of patients with major trauma in the field instead of rapidly transporting them to a hospital. Dr. Stiell said at the annual meeting of the Society for Academic Emergency Medicine.

The multicenter study of adults with major trauma in 17 cities in Ontario compared 1,380 patients who received basic life support (BLS) in a 36-month period during 1992-1998 with 1,504 patients who received advanced life support (ALS) in a 36-month period during 1999-2001. The patients had blunt penetrating, or burn injury with an Injury Severity Score (ISS) greater than 12.

ALS included endotracheal intubation, intravenous resuscitation, and other advanced life support.

See *Survival* • page 8

A different spin on sports
Game On! Michael Corcoran debuts his weekly take. **SPORTS**

For those on the run — the long run
Seasoned marathoners impart their secrets to success. **LIFE & ARTS**

Testing out technology
Austin firm lets us know what works, what doesn't. **TECH MONDAY**

Austin American-Statesman

0 cents Final [statesman.com](#) Monday, February 7, 2007

Firefighters to the medical rescue
Most of fire crews' house calls aren't for blazes

By Tony Piscitelli

The four members of Austin Fire Engine 27's crew had just finished an hour of training and were relaxing in their East Riverside fire station when a man's voice boomed from their back-hall radio and gave them their next call.

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Number of this calls still at medical calls rise, back page.

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Medical emergencies accounted for 73 percent of Austin Fire Department calls last year. Firefighters Kevin Adams, checking blood pressure, Will Moncrieff and Christian Ward responded to this call.

By [benner@cs.cnet.com](#)

In Brief

Needlesticks More Common in Inexperienced Clinicians

Researchers studying hospital- and health care-based needlestick and bodily fluid exposures found that most of those mishaps occurred among residents in their first year of training, but the risk of seroconversion to HIV and other diseases appears low, especially if post-exposure prophylaxis is employed as recommended.

A poster study presented at the 3rd International AIDS Society Conference on HIV Pathogenesis and Treatment by Valeria Fink, MD, a resident in infectious diseases at Hospital Juan Fernandez in Buenos Aires, reviewed two years of reports of needlestick injuries.

She found that health care workers reported 237 occupational exposures to bodily fluids, about two a week. Almost 60 percent of those cases involved needlestick injuries, of which there were a total of 139. About 14 percent of the cases involved patients who were HIV positive, and about 35 percent of the cases occurred with residents, generally those in their first year or two of practice.

Dr. Fink noted that 48 percent of the hospital's residents were involved in cases of exposure to bodily fluids, compared with seven percent of the hospital doctors and 14 percent of the hospital nurses. The workers were treated with post-exposure prophylaxis, which 35 percent of the time meant combination therapy with zidovudine and lamivudine. Another 22 percent of the health care workers were treated with triple therapy — zidovudine, lamivudine, and didanosine. In 26 percent of cases, guidelines suggested that no post-exposure prophylaxis be administered. In the other 17 percent, health care workers were offered prophylaxis but they declined. Only 71 percent of the cases sought treatment according to hospital guidelines, Dr. Fink said.







BREAKING NEWS

NEW EBOLA PATIENT BEING TRANSFERRED TO ATLANTA

CNN.com ED, WORLD HEALTH ORG. SAYS CNN.com TENSIONS SOAR IN I @WOLFBLIT



HAN

MENU ▾

[Health Alert Network \(HAN\)](#)

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JAN. 20, 2026



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KEEP FROM ...
100% ...
chemical ...
the septic ...
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allergic ...
swallow ...
flush ...
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MADE IN ...
SCOTCH ...
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www ...







ACTIVE SHOOTER RESPONSE GUIDE

RUN (If you can)

- Get out if you can, even if others insist on staying
- Leave belongings behind
- Your life is more precious than "things"
- Once out, call 9-1-1



HIDE (If you need)

- If you can't get out, find a place to hide
- Barricade or lock doors
- Hide behind large objects
- Turn out lights and silence your phone



FIGHT (If you must)

- Attempt to incapacitate the shooter
- Act with aggression
- Improvise weapons
- Commit to your actions



CALL 9-1-1 WHEN IT'S SAFE TO DO SO

The University of Texas at Austin
Emergency Management



The University of Texas at Austin
Police Department

ΕΠΕΡΕΜΒΑΣΗ ΣΤΟ ΠΡΩΤΟ ΒΗΜΑ



ΕΠΕΡΕΜΒΑΣΗ ΣΤΟ ΠΡΩΤΟ ΒΗΜΑ

CALL 9-1-1 WHEN IT'S SAFE TO DO SO

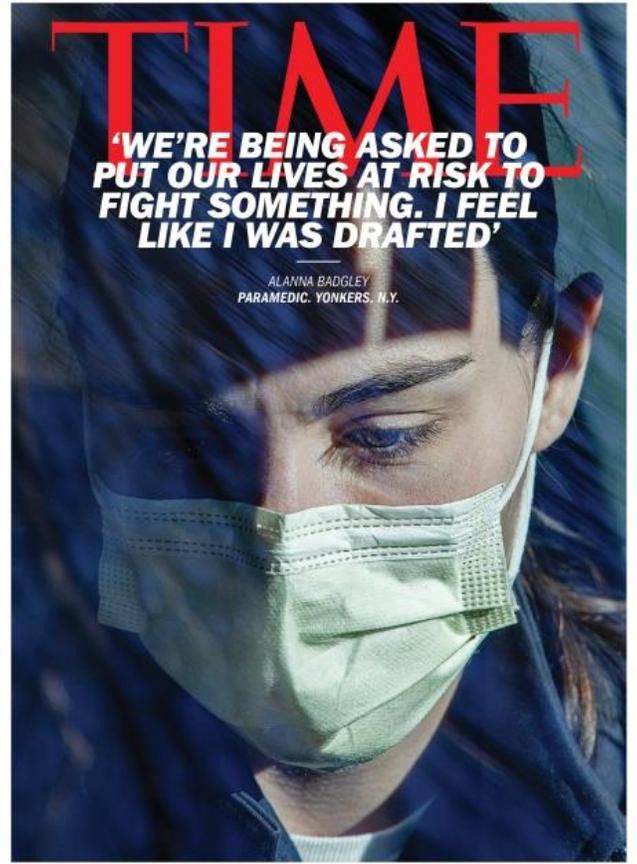
- Ουδέποτε να λησθαισθε
- Μην κινηθείτε
- Μην μιλάτε





APRIL 20, 2020

SPECIAL REPORT: HEROES OF THE FRONT LINES



TIME

**'WE'RE BEING ASKED TO
PUT OUR LIVES AT RISK TO
FIGHT SOMETHING. I FEEL
LIKE I WAS DRAFTED'**

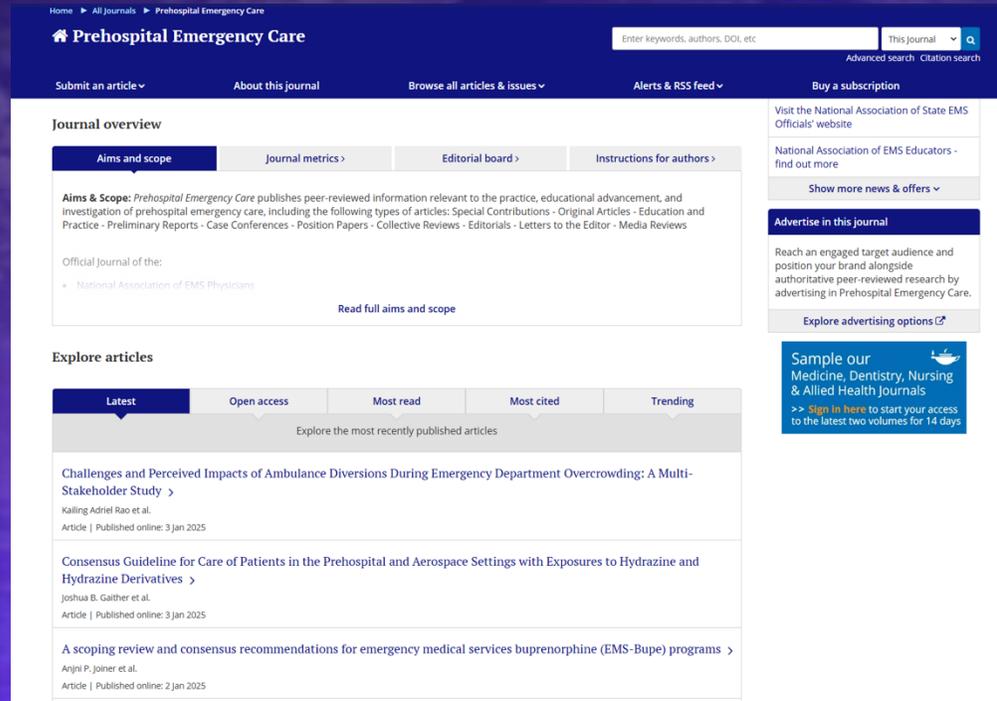
ALANNA BADGLEY
PARAMEDIC, YONKERS, N.Y.

TIME.COM



UBER working with Bell as a collaborator to accelerate the eventual large-scale deployment of electric vertical take-off and landings (VTOLs)

What's hot in EMS Medicine?



Home > All Journals > Prehospital Emergency Care

Prehospital Emergency Care

Enter keywords, authors, DOI, etc This Journal

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Journal overview

Aims and scope | Journal metrics > | Editorial board > | Instructions for authors >

Aims & Scope: *Prehospital Emergency Care* publishes peer-reviewed information relevant to the practice, educational advancement, and investigation of prehospital emergency care, including the following types of articles: Special Contributions - Original Articles - Education and Practice - Preliminary Reports - Case Conferences - Position Papers - Collective Reviews - Editorials - Letters to the Editor - Media Reviews

Official Journal of the:

- National Association of EMS Physicians

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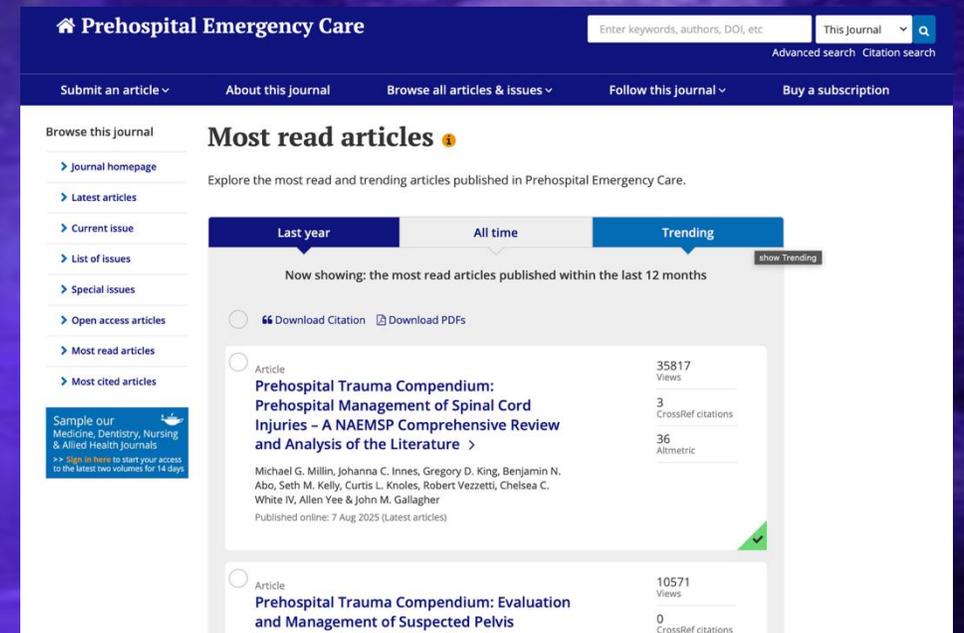
Kalling Adriel Rao et al.
Article | Published online: 3 Jan 2025

Consensus Guideline for Care of Patients in the Prehospital and Aerospace Settings with Exposures to Hydrazine and Hydrazine Derivatives >

Joshua B. Galther et al.
Article | Published online: 3 Jan 2025

A scoping review and consensus recommendations for emergency medical services buprenorphine (EMS-Bupe) programs >

Anjni P. Joiner et al.
Article | Published online: 2 Jan 2025



Prehospital Emergency Care

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Article

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35817 Views
3 CrossRef citations
36 Altmetric

Michael G. Millin, Johanna C. Innes, Gregory D. King, Benjamin N. Abo, Seth M. Kelly, Curtis L. Knoles, Robert Vezzetti, Chelsea C. White IV, Allen Yee & John M. Gallagher
Published online: 7 Aug 2025 (Latest articles)

Article

Prehospital Trauma Compendium: Evaluation and Management of Suspected Pelvis

10571 Views
0 CrossRef citations



“I want you to find a bold and innovative way to do everything exactly the same way it’s been done for 25 years.”

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GLASBERGEN

Medical Oversight is the act of building and maintaining a comprehensive clinically appropriate patient care system

Driver in critical condition after interstate wreck

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By Benner [benner@statesman.com](#)

EL SEÑOR

SPECIAL SUPPLEMENT: THE STATE OF THE SCIENCE

JEMS

THE JOURNAL OF EMERGENCY MEDICAL SERVICES

SEPTEMBER 2012

Resuscitation
ROSC successes & research are changing field practice

ALSO INSIDE:
Attacking cardiac arrest, p.34
EMS field training & evaluation, p.52
Managing thoracic trauma, p.60
MCI multipliers, p.84

Always On Route [JEMS.com](#)

SWAT team can save life, too

Five members were providing emergency medical procedures

By Steven Berman

IN MEMPHIS, Tennessee, Stephen D. Light (center), 2007 team officer, Jim Thomas (left) and Paul Haddock (on the right) with team member Andrew Smith (right) bring a 37-year-old male to the University of Tennessee Medical Center.

By Steven Berman

ALS Didn't Boost Survival in Major Trauma

BY JEFF EVANS
Elsevier Global Medical News

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ALS included endotracheal intubation, intravenous fluid

See *Survival* • page 8

A different spin on sports
Game On! Michael Corcoran debuts his weekly take. **SPORTS**

For those on the run — the long run
Seasoned marathoners impart their secrets to success. **LIFE & ARTS**

Testing out technology
Austin firm lets us know what works, what doesn't. **TECH MONDAY**

Austin American-Statesman

0 cents Final [statesman.com](#) Monday, February 7, 2012

Firefighters to the medical rescue
Most of fire crews' house calls aren't for blazes

By Tony Pischelodi

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As their engine roared to a stop, the firefighters swapped their flame-retardant bunker pants and heavy-duty rubber boots. They hurriedly donned their helmets and grabbed a life-sized mannequin lying with all eyes on the fire-stick and blood pressure cuff and scrambled toward the apartment of a 45-year-old woman whose family had called 911 to report the emergency.

Minutes before an ambulance arrived, the firefighters had begun emergency care. Last year, Austin firefighters were dispatched to more than 6,000 medical emergencies — more than twice as many as fire calls, according to the 73 percent of reports of medical emergencies accounted for 73 percent of Austin Fire Department calls last year. Firefighters Kevin Ramirez, checking blood pressure, Will Mancoske and Christian Ward responded to this call.

See *MEDICAL*, back page

In Brief

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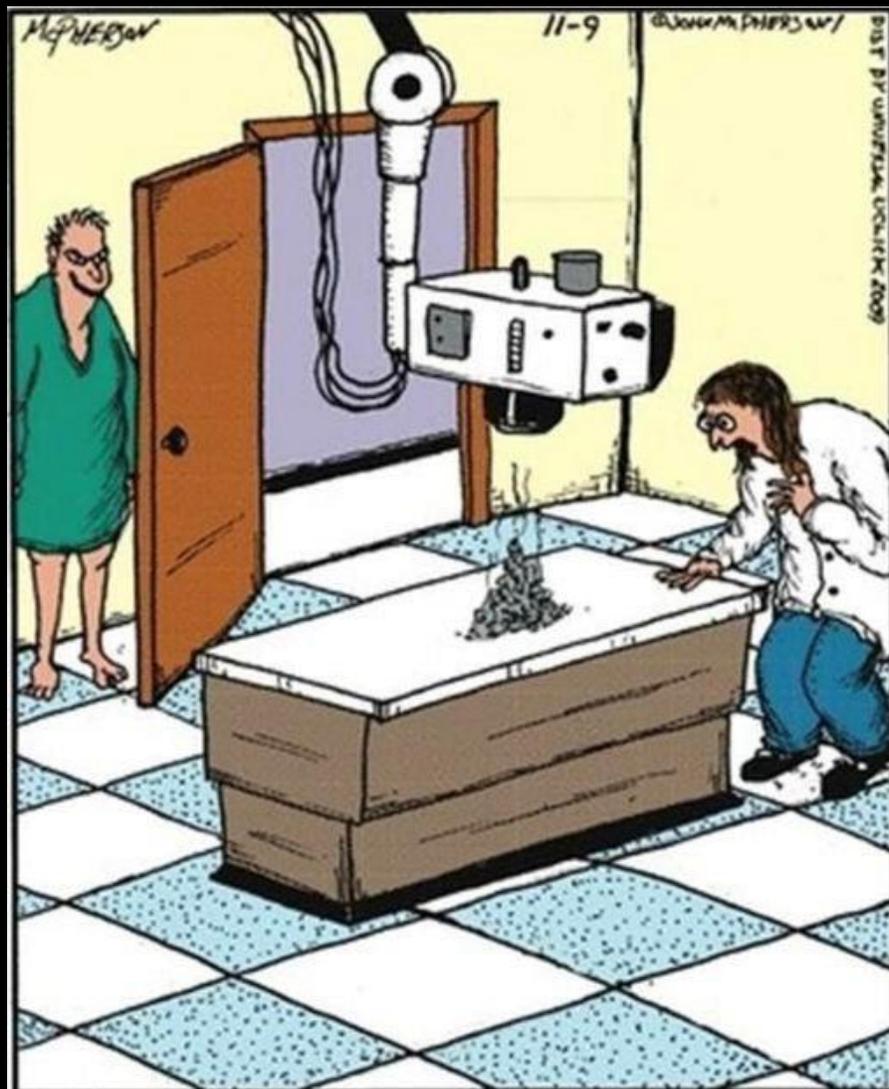
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The art of delivering the science.



Having dumped the bag of ashes on the table, Stew hid behind the door and waited for the X-ray technician's reaction.

Thanks...

This is a privilege for me.



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