


NASEMSO Position Statement on Regionalization of Care


---Draft Bullet Points for Discussion---

- The IOM recommends regionalization of emergency care as *systems of care* for time-critical and specialty resource-limited conditions
 - Examples: trauma, stroke, STEMI/cardiac arrest, pediatrics, burns, poisoning



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- Regionalization is the categorization, integration, and coordination of resources, NOT centralization of care
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NAEMSO Position Statement on Regionalization of Care

---Draft Bullet Points for Discussion---

- **Regionalization:**
 - Enhances patient access to timely, efficient, coordinated and, where possible, evidenced-based care
 - Enhances communication / information flow between EMS and hospital
 - Facilitates data exchange and ongoing performance improvement for entire system of care

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- The ideal system is *inclusive* and incorporates care at all levels
 - Dispatch to EMS to small or rural facility to major tertiary care facility
 - Each level plays a role within it's capabilities as part of the regionalized system of care

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- Regionalization allows each time-critical / specialty-limited system of care to be specifically tailored to best address:
 - Local and regional medical capabilities
 - Local and regional geographic and political considerations
 - For example, a STEMI system of care must be designed differently than a trauma system of care



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- Each system of care places different requirements / demands on each link in the regionalized chain
 - The composition of regional networks may vary depending on diagnosis and specific resources available
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- **Regionalization requires state-level facilitation, oversight and coordination**
 - Statute or rule governing the system as a whole
 - Designation of facilities as participants in the system
 - Ideally, using standardized criteria for designation, in order to facilitate interstate coordination of patient care

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- **Regionalization requires state-level facilitation, oversight and coordination**
 - Secure data collection for performance improvement analysis of system as a whole
 - Regional or local oversight of each system of care is desirable and encouraged

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- **Regionalization requires state-level facilitation, oversight and coordination**
 - The state EMS office is best positioned to link data and outcomes from both EMS and hospitals
 - **State EMS office is a “neutral arbiter” who can see the system from the perspective of best patient care**

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- Regionalization of systems of care for time critical and specialty resource-limited conditions will:
 - Improve patient access to timely, efficient, and coordinated emergency care
 - Better utilize local and regional resources, minimizing competitive duplication of resources, and optimize the use of limited physician specialty expertise

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- Regionalization of systems of care for time critical and specialty resource-limited conditions will:
 - Enhance effective early intervention, save lives and minimize patient disability
 - Shorten inpatient hospital stays
 - Save costs on acute care, rehabilitative care, and on long term support of disability

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- Regionalization of systems of care for time critical and specialty resource-limited conditions will:
 - Permit integration of patient outcome and resource utilization studies



EMS Emergency Medical Services System

- Public Access
- Communication Systems
- Clinical Care
- Human Resources
- Medical Direction
- Evaluation
- Integration of Health Services
- Information Systems
- EMS Research
- Legislation and Regulation
- System Finance
- Education



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- **Regionalization:**
 - “It’s the *system*, stupid!”
 - Great idea/concept/vision
 - Lot’s o’ work...
- **Questions?**