

ASIAN EMS COUNCIL SURVEY OF EMS DIRECTORS AND ADMINISTRATORS 2012

Presented by

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SCOPE

- Introduction
 - Survey Method
 - Findings
 - Recommendations
 - Conclusions
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INTRODUCTION

- Asian EMS Council was started by a group of like-minded physicians from 8 countries in 2009 at an NAEMSP and Korean Society of Emergency Medicine meeting
 - To promote EMS training, advocacy for better care and research
 - This is the 7th meeting
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SURVEY METHODOLOGY

- Internet based survey sent out to 150 Asian EMS members in PAROS database over 4 months.
 - Demographic data about country system collected
 - Qualitative descriptions of top EMS issues collected
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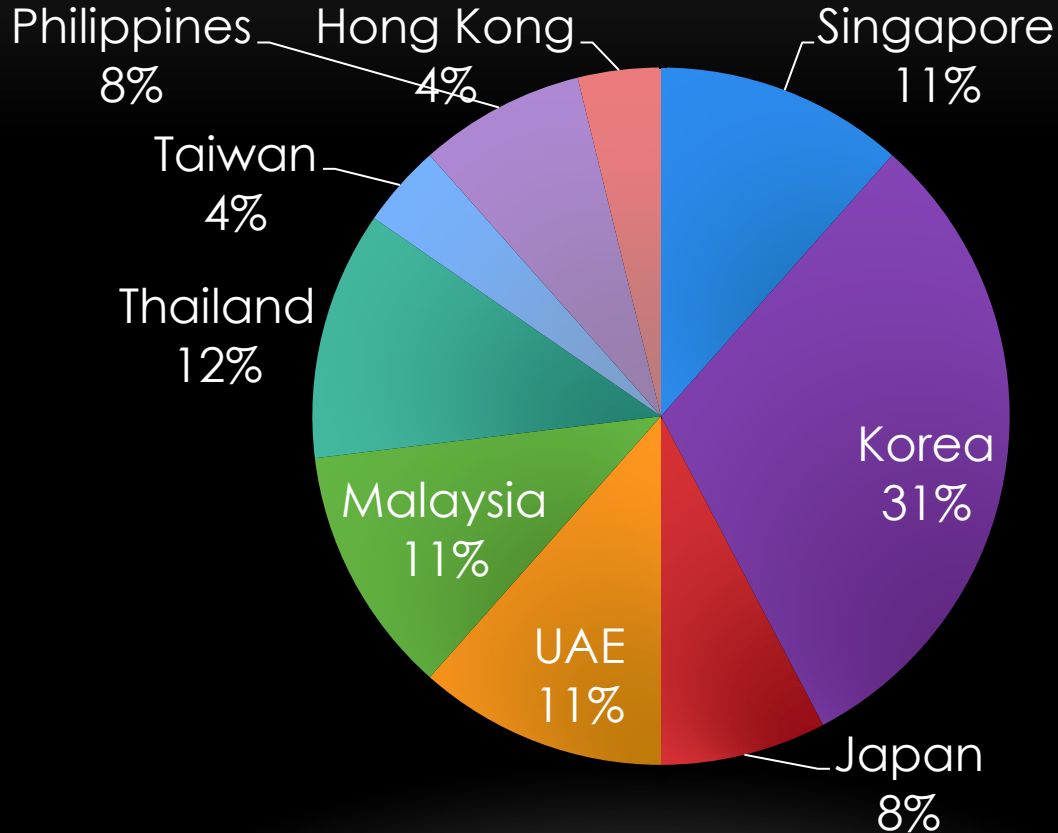
DEMOGRAPHICS

Demographics		
Length of EMS experience	Years	7.5
EMS director reimbursement		
	Volunteer	44%
	Cost Recovery	26%
	Fully paid	30%
EMS fee payment		
	Free	22 (81.5%)
	Flat Fee	3 (11.1%)
	Tiered payment	1 (3.7%)
	Fee for service	1 (3.7%)
Tiers of service		
	1 Tier	35%
	2 Tiers	65%

DEMOGRAPHICS

Demographics				
EMS base	Type			1 Tier / 2 Tier
	Fire			10 / 2
	Hospital			2 / 6
	EMS base			3 / 0
Geography				
	Urban			85%
	Urban/Suburban			7%
	Urban/Rural			4%
	Urban/Suburban/Rural			4%
EMS Skill level	EMT-B	EMT-I	EMT-P	
Most Common	6	15	3	
Highest Skill level	0	17	7	

RESPONDENTS BY COUNTRY



Respondents from 9 countries

TOP 10 ISSUES IN ASIAN EMS

S/N	Issue	Score
1.	Care Quality/Quality Assurance	27
2.	Training & Education Capacity/CME	22
3.	Finances	19
4.	Recruitment/Retention & Career Paths	17
4.	Public Perception/Pressure & Politics	17

TOP 10 ISSUES IN ASIAN EMS

S/N	Issue	Score
6.	Research Culture	16
7.	Training Standards/Accreditation	14
8.	Legal Framework	12
9.	Public Education/Community Involvement	10
10.	Recognition for EMTs	9

ADDITIONAL COMMENTS

- Inadequacy of training **instructors and facilities**”
- **No standardization** of EMS training
- “My hospital is private hospital and due to **limited EMT courses**, 1st priority is only for public hospital. So we train our staffs unofficially by invite. the outsourced instructors to run the course for us without certification.”
- “Politicians had strong resistance to accept the ‘downgrade’ pledge target **call to arrival time** from 12min to 20min for non-urgent cases”

ADDITIONAL COMMENTS

- “Need to develop equipment that can be **locally sourced and sustainable**”
- “...Because most of (our) ambulance(s) have **only 2 crew**, we can't expect the high quality of prehospital care.”
- “Difficulty in **conducting research** esp. RCT”
- “Paramedic **seen to be lower** than nurses”
- “No clear path for **career advancement**”

WHAT ACTIVITIES TO ORGANISE?

S/N	Activity	Score
1.	Fellowships/Exchange programs	9
2.	Research Workshop	7
3.	EMS provider courses	6
4.	EMS medical directors course	4
5.	EMS standards course or discussion on credentialing for EMS training	4

ADDITIONAL COMMENTS

- “EMT skill competition/demonstration”
- “Paramedic leadership workshop”

ISSUES TO ADVOCATE FOR?

S/N	Issue	Score
1.	Higher standards of care	12
2.	Evidenced based care	8
3.	EMS education	4
3.	Recognition for paramedics	4
5.	Platform for information exchange	2

ADDITIONAL COMMENTS

- **Higher** standards of care vs **right** standards of care for the environment
 - **Practical steps** to advance the EMS system from basic to a high-quality system
 - **“Asian”** standards of care?
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ADDITIONAL COMMENTS

- **Legal framework** for paramedic practice, including credentialing, enforcement
 - “Elevate the **status of paramedic** to that of nursing or higher”
 - “Recognition of the **EMS physician** as a profession”
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HOW TO INCREASE VISIBILITY?

S/N	Issue	Score
1.	Create an Asian standard of care	7
2.	Host an international/asian EMS conference	7
3.	Promote EMS education	5
4.	Recognition for paramedics	4

ADDITIONAL COMMENTS

- Promote Disaster Medicine Education
 - Excellence in Clinical Research
 - Collaborate with national govt agencies
 - Co-brand with leading organisations
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CONCLUSIONS

- The 2012 Asian EMS council survey covers 9 countries
 - These results provide insight as to the current challenges and issues in Asian EMS
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