

You Call It System *ABUSE*? I Say It's System *USE*!

Redesigning Square Peg Systems to Meet Round Hole Needs

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Gene Iannuzzi has been the EMS program director at Borough of Manhattan Community College since 2013 and has been providing EMS education in various settings for over 30 years. Prior to that, he was a Trauma Nurse Manager, ED Nursing Director, Hospital Emergency Preparedness Coordinator, ED and critical care RN, and field paramedic in NYC and Westchester. He is a member of the Westchester Regional EMS Council and has served on several policy-making committees in NYC and Westchester. Mr. Iannuzzi remains a skeptic about all things considered EMS status quo and enjoys nothing more than a spirited EMS debate followed by adult beverages and fellowship.

Nursing home patients! Dialysis transfers! Kids with fever! Minor Injuries! Geriatric frequent flyers! We hate doing those calls, because WE SAVE LIVES! Every routine call we go on takes us away from a shooting, stabbing, cardiac arrest, MVC, major trauma, or fire and puts people at risk!

Really?

For the last four decades, emergency personnel have complained about perceived “system abuse”, lectured patients, and demanded “better public education about 911”, and for the last four decades, all those complaints, lectures and demands have changed NOTHING! Maybe, just maybe, it's time WE changed, and acknowledged REALITY.

Truth be told, what we have is a system designed 40 years ago, based on what WE think it should be, and NOT what the public needs or wants, so we have a choice: continue to complain and blame, or redesign our systems to meet today's needs. Those redesigns may conflict with our notions of EMS, and take us far out of our comfort zone by challenging our beliefs about what “serving the community” means.

In this presentation we will discuss:

- What we really do v. what we'd like to be doing (and what we ought to be doing)
- The false narrative of the “hero” v. the service provider
- Why we train the most for 1% of what we actually do (and how it harms us)
- The concept of community service...for EVERYONE in the community
- Why increasing call volume is a GOOD thing (and why eliminating calls is a BAD thing)
- Developing alternate response modes via shared services and networking
- What “community paramedicine” can and can't offer
- Why our hospital ED's need to change too

At the end of this presentation, the EMS provider will

1. Be able to better identify the actual needs of the community
2. Be able to suggest one idea that will better meet community needs
3. Better understand the true meaning of “service”