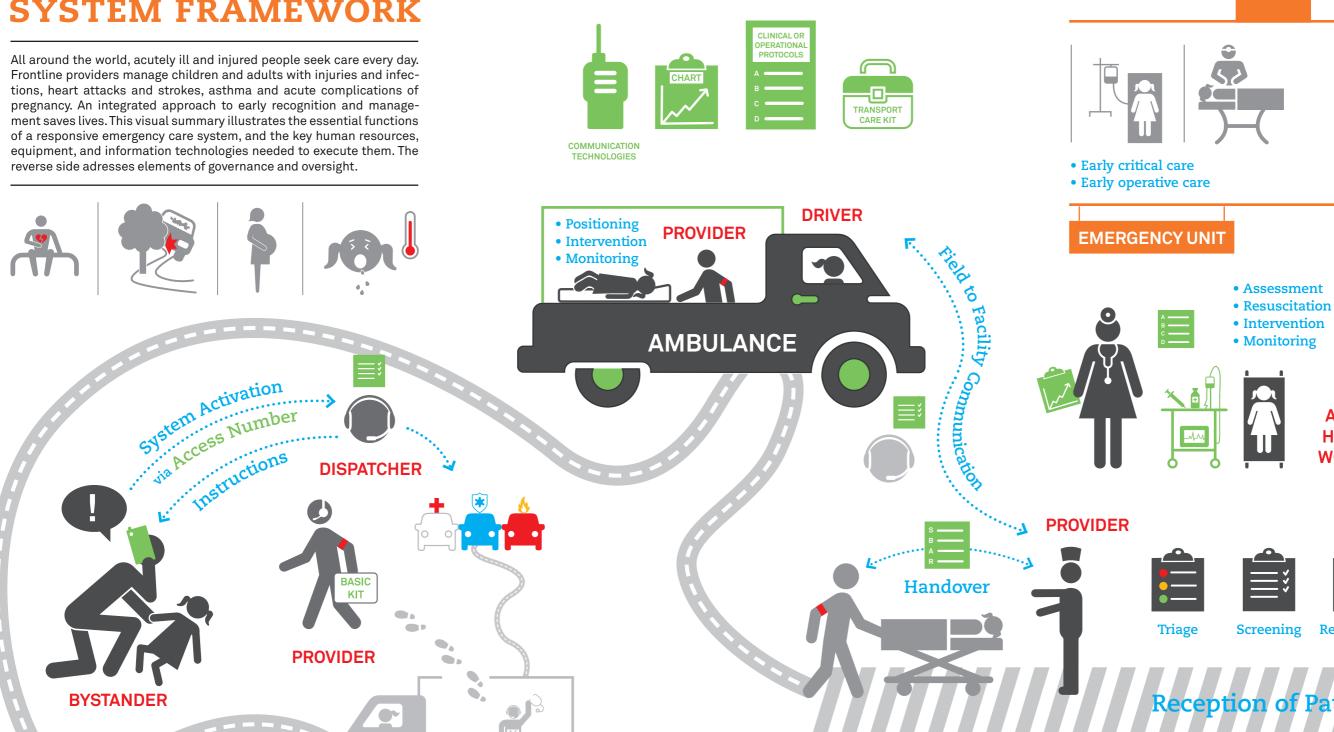


## EMERGENCY CARE SYSTEM FRAMEWORK



HUMAN RESOURCES

**FUNCTIONS** 

## SCENE

AMBULANCE

- BYSTANDER RESPONSE
- DISPATCH
- PROVIDER RESPONSE

## TRANSPORT

VEHICLES, EQUIPMENT, SUPPLIES,

INFORMATION TECHNOLOGIES

- PATIENT TRANSPORT
- TRANSPORT CARE

FACILITY

- RECEPTION
- EMERGENCY UNIT CARE

**INPATIENT** 

Disposition

ALLIED HEALTH

**WORKER** 

Registration

CLERICAL

- DISPOSITION
- EARLY INPATIENT CARE

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SYSTEM PROTOCOLS PROVIDE GUIDANCE FOR CRITICAL PROCESSES.

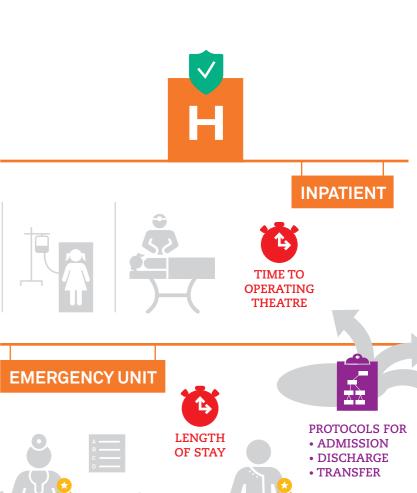


**CERTIFICATION OF PROVIDERS ENSURES COMPLIANCE WITH** TRAINING STANDARDS.



KEYTIME INTERVALS CAN BE USED AS PROCESS METRICS TO BETTER UNDERSTAND SYSTEM PERFORMANCE.

TRANSPORT

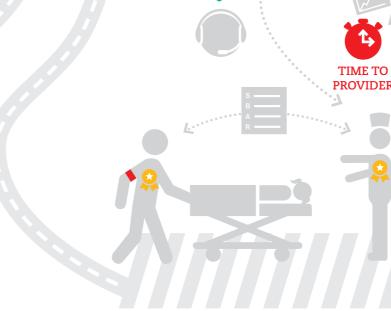


This side of the infographic locates critical governance and oversight elements - including system protocols, certification and accreditation mechanisms, and key process metrics - within the Framework. Listed below are also essential laws and regulations that govern access to emergency care, ensure coordination of system components, and regulate relationships between patients and providers.



DESTINATION

TRIAGE PROTOCOL













TIME TO SCENE / **PROVIDER** 

TIME TO DISPATCH

MBULANCE



- Free call to a universal access number
- Bystander protection laws (Good Samaritan laws)
- Emergency vehicles regulation
- Access to emergency care regardless of ability to pay



Mass emergency events, including natural disasters, outbreaks, and violent conflict, increase the need for care of injuries and other acute conditions. The everyday emergency care system must be prepared to rapidly increase human, material, and organizational resources (to 'surge') in response to these sudden events. In addition, emergency unit protocols for surveillance and communication with public health authorities are essential for early recognition of outbreaks. Healthcare systems may be disrupted by the direct effects of these events, such as when hospitals themselves are damaged or healthcare providers infected, or may be overwhelmed by increased demand. If emergency care systems collapse, both primary mortality from the event itself and preventable mortality from everyday conditions ('secondary mortality') increase dramatically. Besides meeting everyday population health needs, a well-organized, prepared and resilient emergency care system maintains essential emergency care delivery throughout a mass event, limiting direct mortality and avoiding secondary mortality altogether.