

# EMERGENCY SERVICES IN THE HUDSON VALLEY

OCTOBER 2, 2024

OFFERED BY

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# CONFLICT OF INTEREST

THIS PRESENTATION AND DISCUSSION IS  
NOT REPRESENTATIVE OF CURRENT OR  
PAST EMPLOYERS.

I OFFER A FOCUSED REVIEW OF  
EMERGENCY MEDICAL SERVICES THROUGH  
MY EXPERIENCE, EXPERTISE, EDUCATION,  
AND TEAMWORK.

# INTRODUCTION



Our healthcare system is multidimensional, multilayered, and multifaceted.



Each layer focuses on a defined set of complains, illnesses, and injuries with a defined set of resources and tools.



My goal is to offer you a roadmap focused on emergency care within the Hudson Valley.



To access emergency medical services as an informed consumer.

MY PASSION  
EMERGENCY MEDICAL  
SERVICES



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Life-long learner

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Educator and mentor

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Urgent care

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Emergency department

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Trauma services

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County emergency medical services

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Emergency management

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Fire service

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EMT/Paramedic services

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USAF Security Police Specialist

# WHY FOCUS ON EMERGENCY MEDICAL SERVICES



There is a finite number of resources and capacity within our health care system.

Each layer of of medical services has a focused purpose. “A SWEET SPOT”

Seek care in a layer of the system not purposed for your illness or injury may delay care and/or lead to poor outcomes.

Using the incorrect service layer can overwhelm one layer of our emergency services and under utilize others.

# PRIMARY CARE PROVIDERS



- REGIONAL SHORTAGE
- LACK OF ADEQUATE REIMBURSEMENT TO KEEP THE LIGHTS ON.
- **PRIMARY CARE PROVIDER/PATIENT PARTNERSHIP**
- MANAGEMENT OF:
- CHRONIC MEDICAL CONDITIONS
  - HTN, DM, CHOLESTEROL, COPD, ASTHMA, EMPHYSEMA, WEIGHT MANAGEMENT, ANXIETY, DEPRESSION, BIPOLAR DISORDERS
- DAILY MEDICATION PRESCRIPTIONS, ADJUSTMENTS, AND REFILLS.

# PRE-HOSPITAL EMERGENCY MEDICAL SERVICES



- NYS LAW.
- THE NEED-TO-KNOW BASIC CPR AND BASIC FIRST AID.
- 911 RESOURCES.
- EMS BASIC EMT VS. PARAMEDIC.
- REGIONAL EMS RESOURCES.
- WHAT HAPPENS WHEN EMS IS NOT AVAILABLE.
- WHEN TO CALL 911.
- WHERE YOU ARE TRANSPORTED BY AMBULANCE MAY IMPROVE YOUR OUTCOME.



## EMERGENCY DEPARTMENT

- EMTALA.
- UNIQUE SET OF RESOURCES AVAILABLE.
- PATIENT AND FAMILY EXPECTATIONS
- WAIT TIMES VS. ACUITY OF ILLNESS OR INJURY.
- TIME OF DAY.
  - CENSUS.
  - STAFFING.
  - ANCILLARY SERVICES AVAILABLE.
- CARE.
- SPECIALISTS.
- ED DISPOSITION:
  - DISCHARGE & FOLLOW-UP.
  - ADMISSION TO HOSPITAL.
  - TRANSFER TO A HIGHER LEVEL OF CARE.



# EMERGENCY DEPARTMENT COMPLAINTS

- SEVERE HEADACHE, “CLAP OR THUNDER HEADACHE”
- DIZZINESS, CONFUSION, ALTERED MENTAL STATUS
- STROKE SYMPTOMS
- CHEST PAIN
- SEIZURE
- SUDDEN ONSET OF WEAKNESS
- INFECTION (SIRS/SEPSIS)
- SHORTNESS OF BREATH WITH HISTORY OF CONGESTIVE HEART FAILURE (CHF), RECENT WEIGHT GAIN.
- FLUTTER FEELING IN CHEST



# EMERGENCY DEPARTMENT COMPLAINTS



- SEVERE CHEST AND/OR BACK PAIN
- ABDOMINAL PAIN, PELVIC PAIN.
- DIABETIC EMERGENCY, BLOOD SUGAR TOO LOW, OR TOO HIGH.
- URINARY RETENTION, NOT ABLE TO URINATE.
- TRAUMA
  - MOTOR VEHICLE COLLISION WITH SPEEDS EQUAL TO OR GREATER THAN 55 MPH.
  - EQUESTRIAN INCIDENTS: FALLS, BUCKED-OFF, ROLLED OVER.
  - FALLS FROM GREATER THEN 1 ½ TIMES YOUR HEIGHT.
  - EXTREMITY INJURY WITH DEFORMITY.
  - HEAD INJURY ON A BLOOD THINNER: WARFARIN, COUMADIN, PLAVIX, XARELTO, BRILINTA, ASPIRIN.
  - OVER THE AGE OF 55 (WE DO NOT BOUNCE AS WELL AS IN OUR 20'S.)

# AIR MEDICAL EMERGENCY SERVICES



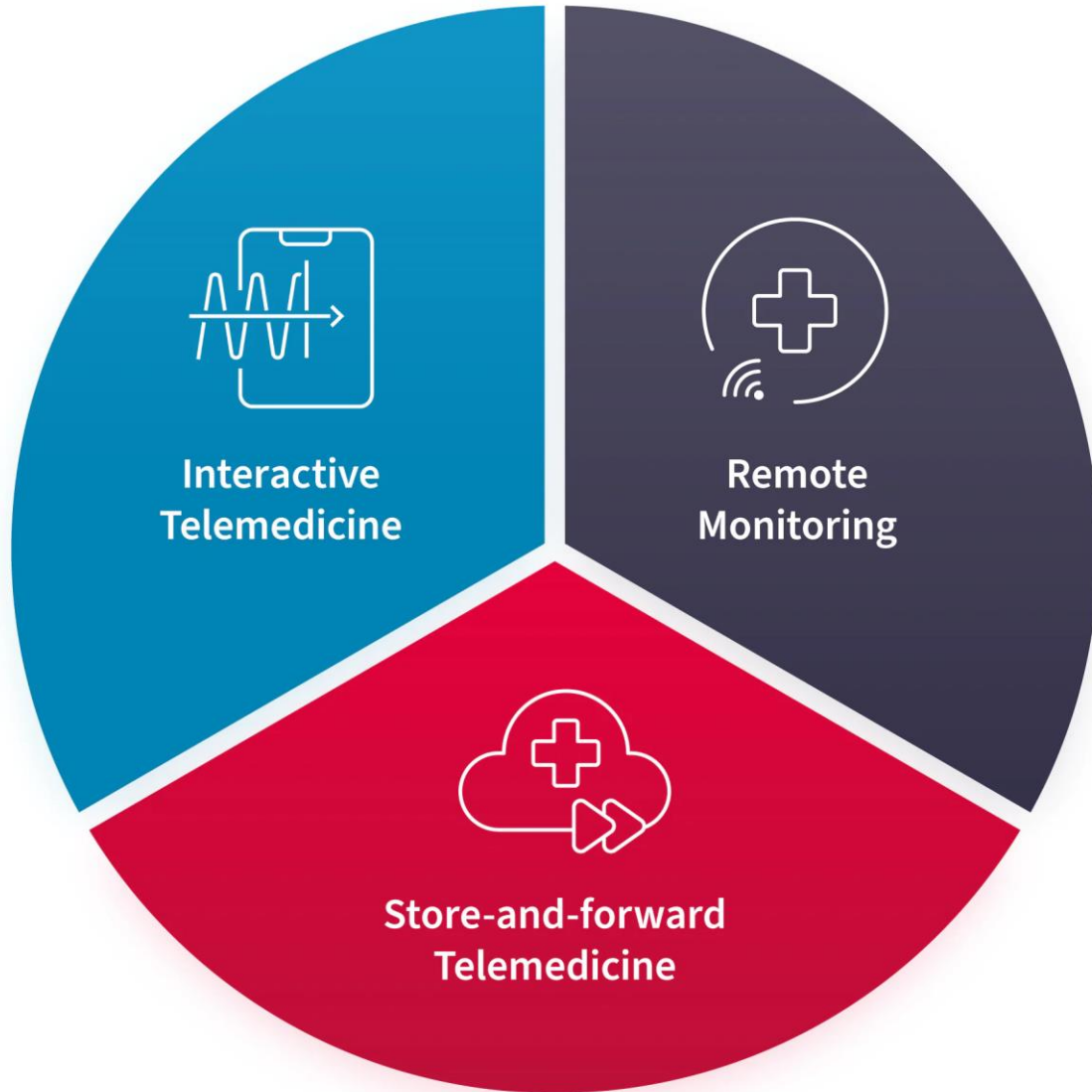
- CRITICAL CARE/PARAMEDICINE NOT AVAILABLE/NOT ABLE TO ACCESS PATIENT OR SCENE
- TIME TO DEFINITIVE CARE MAY IMPROVE PATIENT OUTCOME.
- SPECIALTY EMERGENT CARE AND TREATMENT NOT AVAILABLE LOCALLY.
- NO CPR – GROUND TRANSPORT
- RISK VS. BENEFIT VS. COST.

# URGENT CARE (MINOR CARE)



- STAFFING
- RESOURCES AVAILABLE
- MINOR TRAUMA
- COUGH
- SHORTNESS OF BREATH
- EAR PAIN
- THROAT PAIN
- SKIN RASH
- SEXUALLY TRANSMITTED DISEASE (STD'S)
- PHYSICALS

# Types of Telemedicine



- PRIMARY CARE PROVIDER
- INSURANCE COVERAGE COST EFFECTIVE OPTION.
- AMAZON
- HOME MONITORING



THANK YOU  
FOR SHARING  
YOUR TIME

PLEASE STAY  
SAFE.