



## Program Development Plan

**End Goal:** A minimum standard of effective emergency medical response is available to all community members within 10 minutes, 90% of the time.

### Training

- Goal: Achieve theoretical saturation for available first responders and transportation
  - Expand instructor base
    - Select students from first responder training course who:
      - demonstrate a thorough understanding and recall of the material presented
      - demonstrate an affinity for teaching others
      - performed well on the accreditation exams
      - etc.
    - Recruit these students to participate in an instructor training.
    - Continue previous steps until target saturation is reached.
  - Credentialing for first responders
    - Contact credentialing entity to certify recently trained first responders.
  - Training for first responders (care and documentation)
    - Recruit the first responder instructors to teach selected community members (see required criteria below) the required facets of pre-hospital emergency medical care.
  - Identify and recruit potential trainees
    - Identify members of the community who:
      - live in areas with a high frequency of accidents,
      - have been educated up to the 8<sup>th</sup> grade,
      - demonstrate a commitment to community service
      - etc.
    - Prepare presentation to invite and encourage those who meet the above criteria to participate in a first responder training.
  - Credentialing for instructors
    - Identify current standards of care for first responder instructors, if any.
    - Identify and contact entity that provides accreditation for first responder instructors.
    - Invite accrediting entity to test and certify instructors
  - Training for instructors (care and documentation)
    - Recruit from among already-trained local first responders or healthcare providers who:
      - demonstrate a strong understanding of the principles of pre-hospital emergency medical care,
      - have significant experience providing care,
      - and demonstrate a commitment to community service.
    - Familiarize them with the previously defined standards of care.
    - Provide further training to improve their quality of care to match the standards defined.
    - Provide pedagogical experience by practicing teaching new skills to other members of the group.
    - Familiarize recruits with new standards of documentation.
  - Plan training reach: “Hot spots” identified to enable appropriate distribution of resources
    - Speak to local first responders, healthcare providers, police officers, and magistrates to determine where accidents frequently occur.
  - Obtain government approval
    - Identify current standards of care for first responders, if any.
    - Identify and contact entity that tests first responders for credentialing.
    - Arrange a meeting with MSPP to present curriculum and proposed standards of care (if standards of care don’t already exist).
  - Develop curriculum
    - Include the considerations mentioned below.



- Determine scope of curriculum
  - Contact local healthcare providers to determine types and frequency of emergency cases treated.
  - Consider locally available resources when determining standards for treatment: all equipment necessary must be locally-sourced.
  - Consider current best-practice standards and incorporate them, while keeping available resources and cultural context in mind.
- Engage relevant stakeholders for curriculum development (Govt, NGOs)
  - Identify organizations with experience developing curricula for first responders.
- Find medical director
  - Identify local doctors with experience in emergency medicine (ideally pre-hospital emergency medicine), and/or a demonstrated commitment to preventative or community-based health initiatives.
  - Develop scope of work for these doctors and identify their role among the first responders they are responsible for.

### **Transport**

- Goal: Adequate number of transport vehicles available to arrive on-scene within 15 minutes
  - Adequate number of transport vehicles are obtained/approved
  - Credentialing for transport drivers
    - Identify national standards for emergency transport providers, if any.
    - If none exist, push for governmental organizations to adopt the previously established proper use protocols as standards.
    - Invite those already tr
  - Licensing/Insurance obtained for transports and transport drivers
    - Register and license all vehicles that could be used in emergency transport.
    - Purchase insurance for all vehicles that could be used in emergency transport.
    - Provide insurance for work-related activities (emergency transports) to those trained to provide emergency transport.
  - Adequate number of drivers trained – traditional/non-traditional
    - Based off of “hot spot” data, train an appropriate number of first responders to safely use allocated emergency transports
    - Familiarize trainees with proper use protocols and vehicle/equipment maintenance protocols
      - Have trainees sign agreement stating that they will follow these protocols
  - “Hot spots” identified to enable appropriate distribution of resources
    - Speak to local first responders, local hospital employees, police, and magistrates to identify where emergencies regularly occur.
    - Also determine what kinds of emergencies occur at these “hot spots”
    - Based off of frequency relative to other “hot spots” and type of emergencies, allocate resources appropriately.
  - Proper use protocols drafted/approved for appropriate transportation
    - Develop rules and regulations for using emergency transports in the event of an emergency or with a patient.
      - When to use lights and sirens,
      - Speeds and handling with patients on board,
      - Etc.
    - Include maintenance and vehicle preparation protocols and logs
      - Checklist of vehicle parts to be checked regularly
      - Checklist of emergency equipment to be checked before each shift
  - Mapping of road conditions and accessibility
    - Investigate local roads and accessibility, focusing on those in populated areas and thoroughfares.



- Using OpenStreetMaps or a similar program, highlight thoroughfares according to their condition and accessibility to the various types of medical transport available.
- Assessment of available transport completed
  - Speak to local first responders, healthcare providers, police officers, and magistrates to determine how emergency patients are usually transported.
  - Investigate official means of medical transport already available locally (i.e. ambulances, motorcycle ambulances, etc.)
    - What is their condition?
    - How frequently are they used?
  - Investigate means of public transportation and how well they would translate into patient transport vehicles.
  - Detail steps and equipment necessary to allow for conversion of public transport vehicles to patient transport vehicles.

### Communications

- Goal: Emergency dispatch service available to entire community
  - Universal number is made public
  - Ribbon cutting ceremony
    - Via the aforementioned media, the public is officially notified of access to the emergency services/emergency call number.
  - Community outreach / public education re: Proper Use Protocol
    - Different forms of public service announcements (radio, television) are prepared by appropriate governmental agencies/ministries and disseminated.
    - Local first responders disseminate information about the emergency number and proper use protocols/punitive measures in various public forums (schools, churches, etc.)
    - Local first responders also disseminate information to local authorities (police, Civil Protection, mayor's office, magistrates) regarding the emergency number and proper use protocols/punitive measures.
    - Emergency number and appropriate markings are emblazoned on local ambulances.
  - Proper use protocol messaging (translations for the "general public") finalized
    - Appropriate governmental entities/ministries officially adopt the drafted rules and regulations for use of Beacon and the emergency call number, in addition to punitive measures for misuse.
  - Proper use protocols drafted
    - Rules governing the use of Beacon are developed for both first responders and laypersons.
    - Punitive measures are drafted to punish those who abuse the system.
  - Universal Access Number approved
    - Link Beacon software with existing dispatch center to dispatch ambulances and first responders throughout the country.
  - Beacon training for FRs completed
    - Train all participating first responders to successful completion of Beacon skills exam.
    - Provide nationally recognized certification to all that successfully pass skills exam.
  - Beacon testing for FRs
    - Develop a skills exam to test first responder and ambulance drivers on their familiarity with the Beacon software.
    - Seek national recognition of Beacon certification.
    - Administer skills exam via a series of full-scale accident scenarios.
  - Community-wide Beacon testing
    - Scale up accident response simulations to include vehicles and a larger geographical area.
  - Confined area Beacon training for FRs



- Run small-scale accident simulations with local first responders and/or CAN ambulance drivers using the Beacon software to further familiarize them with the algorithms.
- Table-top exercise Beacon training for FRs
  - Provide paper-based familiarization of Beacon software for local first responders or ambulance drivers.
- Cost of SMS has to be subsidized
  - With support/letter of endorsement from local telecoms, approach government agencies/ministries to seek legislature subsidizing costs of SMS sent by Beacon software.
  - OR link up software within the framework of the national call center and 116.
- Local telecoms get on board
  - Present project concept to local telecoms, seeking their technological support and financial/political clout.

### **Management / Sustainability**

- Goal: Program under local authority and not dependent on external funding
  - Make up budget shortfalls through private sponsorship
    - Seek subsidies from local politicians and the national government, private entities (persons and enterprises), members of the diaspora, international development agencies and funds, etc.
  - Finalize annual budget
    - Based on existing lists of incomes and expenditures, project annual operating costs for local EMS systems, including other not-yet-applicable costs, i.e. payment to first responders for services, etc.
  - Enact Good Samaritan protections (“flip the switch”)
    - Drafted Good Samaritan protections are presented to appropriate government agencies/ministries for adoption.
    - Pending governmental review, protections are adopted.
  - Draft Good Samaritan protections
    - Identify local lawyers to draft appropriate Good Samaritan protections for first responders.
  - Ensure buy-in from local law enforcement
    - Arrange meetings with local law support.
    - Establish protocols for collaboration between police and EMS providers.
  - Strategy approved for ongoing data collection
  - Baseline data gathered
    - Summarize data collected from first responder transport logs and hospital reports into one comprehensive monthly report on emergency cases in the community.
    - Data collected over the course of several months will be used to identify patterns.
  - Develop data collection plans
    - Present local first responders with updated transport log sheets.
    - Require one transport log sheet be filled out for each patient transport to better understand the types of cases present.
    - Require local first responders to collect “Monthly Reports of Emergency Services” from local hospitals.

### **Definitions:**

- Emergency medical response is defined as:
  - Care
    - Adequate recognition of life- and limb-threatening illness/injury
    - At a minimum of basic first aid



- Appropriate patient handling skills
- Transport, if needed
  - Appropriate patient transport
    - Transport modes are reflective of available resources and suitable for local environment
    - Patient's safety and condition are not compromised

### **Talking Points**

- North American/European systems are not possible yet
  - Cost and roads
  - Strengthen what exists – i.e., These are the systems that are already in place
  - It costs far more to do nothing than to make even the most basic improvements
- Potential for the program – Why Digicel is the perfect partner
  - No one else is taking this approach
  - It is scalable
  - Opportunity for global leadership - Digicel could be “first in”
- Definite and distinct added-value benefits to society
  - Healthcare program
    - improve access to emergency care
    - reduce healthcare costs (EM is preventive)
    - mitigate productivity
  - Community development program
    - Train youth (professional leadership development)
    - Engage community (be active participants in their own community services)
    - Local accountability (community-run program with high visibility)
  - Business proposition
    - Self-sustaining
    - Can generate revenues through innovative cost-sharing

### **Components**

- Training
  - Need to reach a critical mass of trained first responders for each community
    - Lead: \_\_\_\_\_
    - Partners: \_\_\_\_\_
- Transportation
  - Need to ensure that there is adequate transportation available (coordinated with Training)
  - Complete map of available vehicles
    - Lead: \_\_\_\_\_
    - Partner: \_\_\_\_\_