



VITALS

For Medical Transport Professionals

A Weekly Safety Newsletter

Highlights Of 2006 NHTSA Annual Assessment

Keep these in mind for comparison to the 2007 Report. Do these numbers match what you're seeing? Note that you don't need to be a provider of emergency ambulance service for these numbers to be important to you.

- Number of people killed in MVAs declined by 2%
- Number of people injured in MVAs declined by 4.6%
- There were 1.42 fatalities and 86 injuries per 100 million vehicle miles of vehicle travel. (This is not available isolated for Medical Transport)
- Light truck occupant fatalities dropped for the first time since 1992.
- Motorcycle fatalities increased for the 9th year in a row.
- 55% of passenger vehicle fatalities were unrestrained.
- The number of fatalities for children of all ages declined.

Articles about driving are probably not as interesting to most people as articles about clinical or financial matters. Medical Transportation is becoming more diverse. The vehicles and equipment that we use are becoming more sophisticated as we attempt to meet the needs of an increasing variety of both emergency and non-emergency clients. Technical imperatives create an expense as we attempt to meet new standards of care. Concurrently, trying to meet the needs of clients who require no medical care, but are extremely fragile due to their age and long-standing illnesses, is extremely difficult given the limitations of reimbursement. What skill is used during every client contact whether it occurs during a lights and siren response or a wheelchair transport to dialysis? Of course, it's driving.



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Forget for a moment both the overt and the hidden expenses of crashes. Forget that we have at least 25 crash claims for each professional liability claim. According to some statistics the occupational transportation related fatality rate for the nation is 2 per 100,000 workers. For EMS, it's 9.6. The national average for transportation related non-fatal occupational injuries is 7.9 per 100,000 workers. For EMS personnel, it's 240. That's right, it's 30 times the national average. The numbers may vary from source to source, but the scales remain the same. Paratransit incidents can't be isolated and analyzed using national statistics. Nevertheless, our experience over the last couple of years tells us that all Medical Transportation Providers share similar risk. Those of us in Risk Management adhere to the concept that frequency predicts severity.

Frequency includes near misses. How can you be a responsible provider if you don't monitor your drivers? It's clear from these numbers that our driving practices are killing us. Did you ever stop to think that risk for our personnel is transmitted to the general public? We have a clinical responsibility to our clients based in part upon the fact that we have medical knowledge and skills that they don't. We also have a responsibility to use drivers whose skills exceed the driving skills of the general public. Without constant updates and refreshers, we know we can't maintain clinical excellence. Don't we also create measures that quantify clinical performance? It is naive to think that driving doesn't require the same level of intensity.

There are frequent cartoons in magazines geared for EMS that make jokes about "I'm not an ambulance driver." We spend a lot of effort on driving in Vitals because to us having our personnel "Arrive Alive and Do No Harm" is not a joke. It's a way of life.

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