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Just
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VITALS

A Weekly Safety Newsletter For Medical Transport Professionals

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Quality Of Healthcare & Medical Transportation

The London School of Hygiene and Tropical Medicine recently completed an update to a study that ranked 19 leading industrialized nations according to the incidence of "preventable deaths due to treatable conditions." The US slipped from 15th in 1998 to 19th.

The other countries, in order from 1 to 18, were France, Japan, Australia, Spain, Italy, Canada, Norway, the Netherlands, Sweden, Greece, Austria, Germany, Finland, New Zealand, Denmark, Britain, Ireland and Portugal.



The rankings were in part established on the incidence of deaths from such causes as heart disease, stroke, some cancers, diabetes, some bacterial infections and complications from common operations among patients younger than 75. It is postulated that these deaths might have been prevented by better and timelier access to health care. One causal factor may be that about 47 million of our population of around 300 million has no health insurance.

One way to interpret these findings is that as more people have difficulty accessing health care, the number of sick people who get sicker and stay sick will increase. Consequently, there will be a greater need for acute, non-acute and even chronic medical transportation. Of course, acute and non-acute are other terms for emergency and non-emergency. With these there is the implication that personnel with the level of training appropriate to the transport will be present to provide clinical intervention in a planned systematic manner.

Chronic transportation is another way to think about how we provide wheelchair and paratransit services. No clinical interventions are planned or provided. The people that need these services can be extremely fragile. Occurrences that would not injure a healthy person can kill, seriously harm or worsen the disability of this type of passenger. Think about diabetes and all of the terrible things that it can do to people. Is it the responsibility of those who provide chronic transportation to know about hypoglycemia, hyperglycemia, diabetic ketoacidosis, hyperosmolar nonketotic coma, glycosylated hemoglobin, diabetic neuropathy, nephropathy and retinopathy or the complications of anticoagulation required to keep dialysis shunts open? No. Does the lack of clinical responsibility diminish the importance of a safe transport? Of course not.



We must stop thinking about chronic medical transportation as clinically neutral. It is not neutral if we make the passenger worse by the results of unsafe driving or moving him/her in a clumsy, unplanned manner. Proper client handling, the use of the restraint system best suited to meet the client's needs and safe driving are just as important in a chronic transport as they are in an auto accident.

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