

# Our Stressed Emergency Safety Net



**Bystander  
Rescue Care**



# Welcome



## **Charles Denham, MD**

Chairman, TMIT Global  
Founder Med Tac Bystander Rescue Care

**Med Tac Bystander Rescue Care  
March 3, 2022**

***CareUniversity* Webinar 181**

# 240 Million 911 Calls Every Year

**Bystander  
Rescue Care**



**ED**



**The Public Health Safety Net**

# First Responders Best Responders

**Bystander  
Rescue Care**



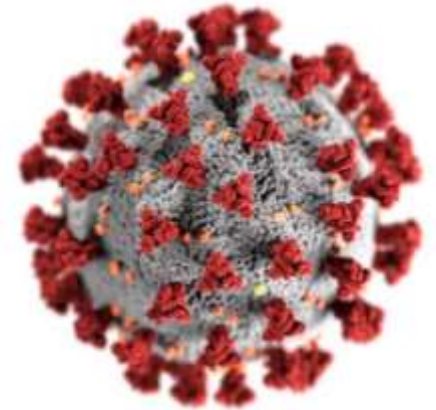
**The Public Health Safety Net**

## ***Voice of the Patient***



### **Jennifer Dingman**

**Founder, Persons United Limiting  
Substandard and Errors in Healthcare  
(PULSE), Colorado Division  
Co-founder, PULSE American Division  
TMIT Patient Advocate Team Member  
Pueblo, CO**



# Our Stressed Emergency Safety Net

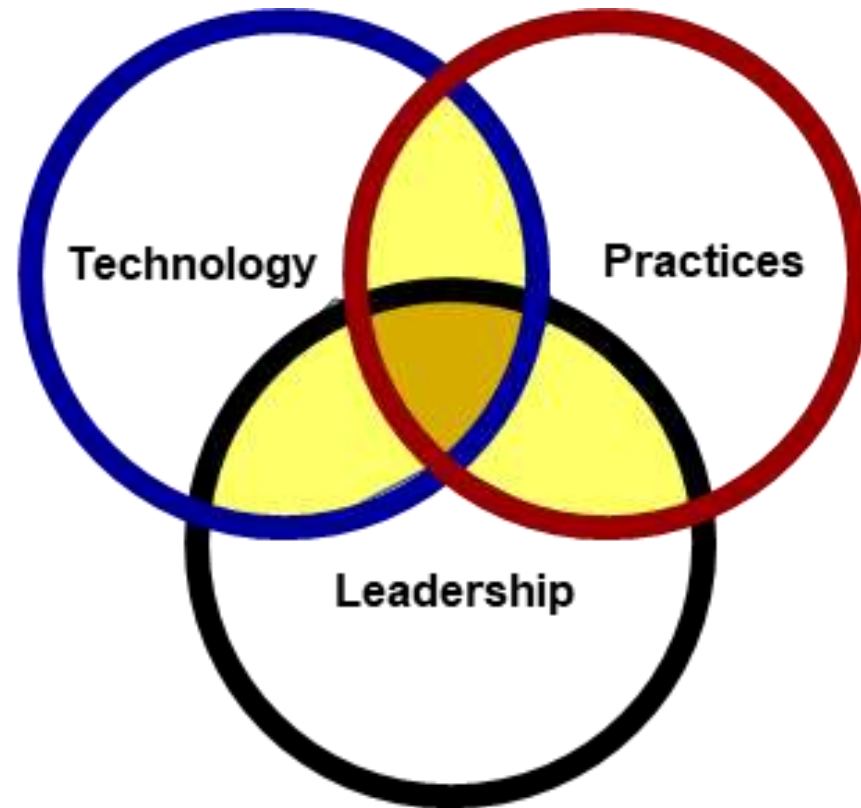


- ❑ What is the state of our Public Safety Net?
- ❑ How do we deal with family medical emergencies?
- ❑ What do I need to know about EMS?
- ❑ How do we help loved ones get to the ED?
- ❑ How has COVID impacted Law Enforcement?
- ❑ How has COVID impacted Firefighters?
- ❑ What should Good Samaritans do in COVID world?



*Turn the Science into Safety™*

# The High Performance Envelope





## Speakers & Reactors



Jennifer Dingman



Dr. Gregory Botz



Chief William Adcox



Dr. Christopher Peabody



Charlie Denham III



Dr. Brittany Barto-Owens



Vicki King MS



David Morris PhD JD



David Beshk



Dr. Charles Denham





## Our Purpose, Mission, and Values



### Our Purpose:

We will measure our success by how **we protect and enrich the lives of families...patients AND caregivers.**

**EMERGING THREATS  
COMMUNITY OF PRACTICE**

### Our Mission:

To accelerate performance solutions that **save lives, save money, and create value** in the communities we serve and ventures we undertake.

**CAREUNIVERSITY®**

### Our **ICARE** Values:

**Integrity, Compassion, Accountability, Reliability, and Entrepreneurship.**



## Disclosure Statement

The following panelists certify that unless otherwise noted below, each presenter provided full disclosure information; does not intend to discuss an unapproved/investigative use of a commercial product/device; and has no significant financial relationship(s) to disclose. If unapproved uses of products are discussed, presenters are expected to disclose this to participants. None of the participants have any relationship pharmaceutical or device companies discussed in their presentations. The funding of the program is from the Denham Family fund of TMIT Global, a 501c3 Medical Research Organization

- Dr. Gregory H. Botz has nothing to disclose.
- Dr. Christopher Peabody has nothing to disclose.
- William Adcox has nothing to disclose.
- David Beshk has nothing to disclose.
- Charlie Denham III has nothing to disclose.
- Vicki King has nothing to disclose.
- David Morris has nothing to disclose.
- Jennifer Dingman has nothing to disclose.
- Dr Charles Denham has nothing to disclose.

Charles Denham, MD, is the Chairman of TMIT Global; a former TMIT education grantee of CareFusion and AORN with co-production by Discovery Channel for *Chasing Zero* documentary and Toolbox including models; and an education grantee of GE with co-production by Discovery Channel for *Surfing the Healthcare Tsunami* documentary and Toolbox, including models. HCC is a former contractor for GE and CareFusion, and a former contractor with Siemens and Nanosonics, which produces a sterilization device, Trophon. HCC is a former contractor with Senior Care Centers. HCC is a former contractor for ByoPlanet, a producer of sanitation devices for multiple industries. He does not currently work with any pharmaceutical or device company. His current area of research is in threat management to institutions including conflict of interest, healthcare fraud, and continuing professional education and consumer education including bystander care. Dr. Denham is the developer and producer of CareUniversity™, the learning management system providing continuing education materials for TMIT Global.

**Our Stressed Emergency Safety Net  
Family Survive & Thrive Guide**

**Session Overview**

The COVID crisis has created gaping holes in our public safety net – EMS, Firefighters, Law Enforcement, and Emergency Caregivers are stretched past the breaking point. Public health leaders tell us the WHAT to DO. We will provide the HOW. Our more than 1,000 household responses and more than 100 subject matter experts have guided our emergency community. Let's learn together and prosper.

- How do we deal with family medical emergencies?
- What do I need to know about EMS?
- How do we help loved ones get to the ED?
- How has COVID impacted Law Enforcement?
- How has COVID impacted Firefighters?

We will provide a thorough update on how to help your employees, families, and business safer through future surges.

Go to: <https://www.medtacglobal.org/coronavirus-response/> for short videos covering the critical topics. Join us as we focus on Family Readiness, Response, Rescue, Recovery, and Resilience.

**Webinar Video, and Downloads**

The webinar video will be available within five (5) business days after the webinar.

**Speaker Slide Set**

The slides will be posted here before the webinar begins.

**Date, Time, Dial-in Information, & Objectives**

March 3, 2022

- 01:00 PM to 2:30 PM Eastern Time
- 12:30 PM to 1:30 PM Central Time
- 11:00 AM to 12:30 PM Mountain Time
- 10:00 AM to 11:30 AM Pacific Time

**Dial-in Info:** Audio will be provided through your computer (VoIP) at no cost to you. If VoIP is not an option on your computer, or if you choose to join by phone only, you can use either of the following numbers to dial-in: 1-888-800-9933 OR 1-648-675-9823. Webinar ID: 810 8540 3527. If you use the dial-in number, you will be charged by your local phone company or long distance provider for the call.










**Resources**

- **Awareness:** Participants will learn about how to deal with emergencies in COVID world where our public safety net is overwhelmed.
- **Accountability:** Participants will understand who can be accountable for helping loved ones, friends, and employees deal with emergencies while our public safety net is overwhelmed from COVID.
- **Ability:** Participants will learn about the know-how necessary to help loved ones, friends, and employees experiencing emergencies in COVID world.
- **Attitude:** Participants may understand what level of right actions may be taken to prevent harm from emergencies in COVID world or our way to the line "how normal"

To request a Participant Document, please [click here](#).

The CAREUniversity Team of TNET Global, approved by the California Board of Registered Nursing, Provider Number 10896, will be issuing 1.0 contact hours for this webinar. TNET Global is only providing nursing credit at this time.

**Session Speakers and Panelists**

 Charles Decker, MD 07:00	 Gregory H. Bass, MD, FCCM 07:00	 Brittany Owens, MD 07:00
 Christopher Proebly, MD 07:00	 Vicki King, MSW 07:00	 William Adams 07:00
 David Morris, Ph.D., J.D. 07:00	 Jacqueline Stigman 07:00	 Charles Decker 07:00

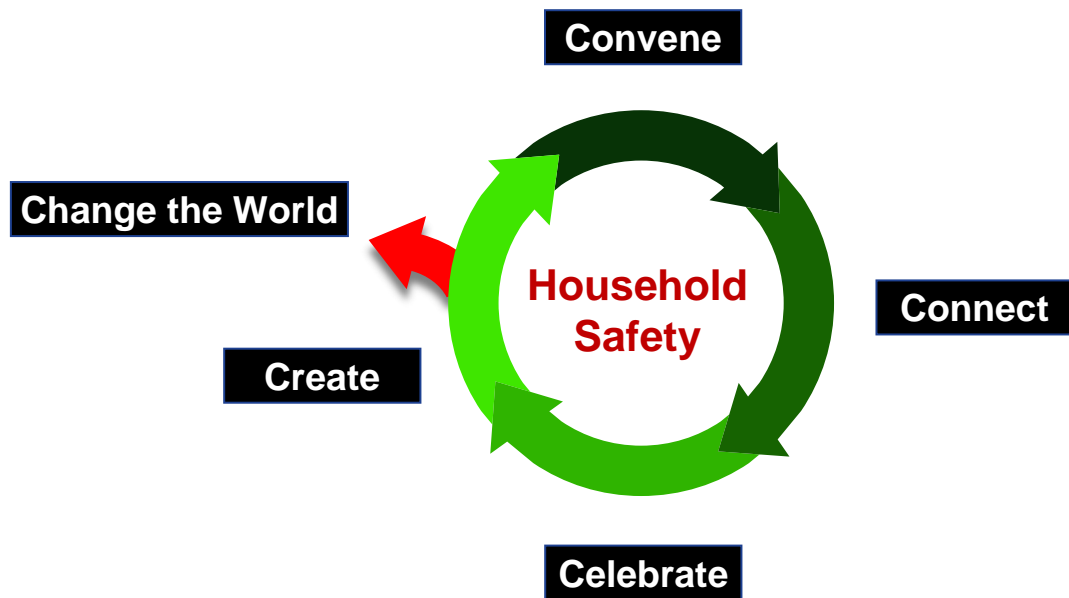
**Resources**

McPherson D. 2/24/22. Covid-19 is killing more people now than during most of the pandemic. Here's who's still at risk. CNN. Available at: <https://www.cnn.com/2022/02/24/covid-19-death-the-new-younger-confirmed-cases/index.html>

<https://www.medtacglobal.org/webinarmarch2022/>

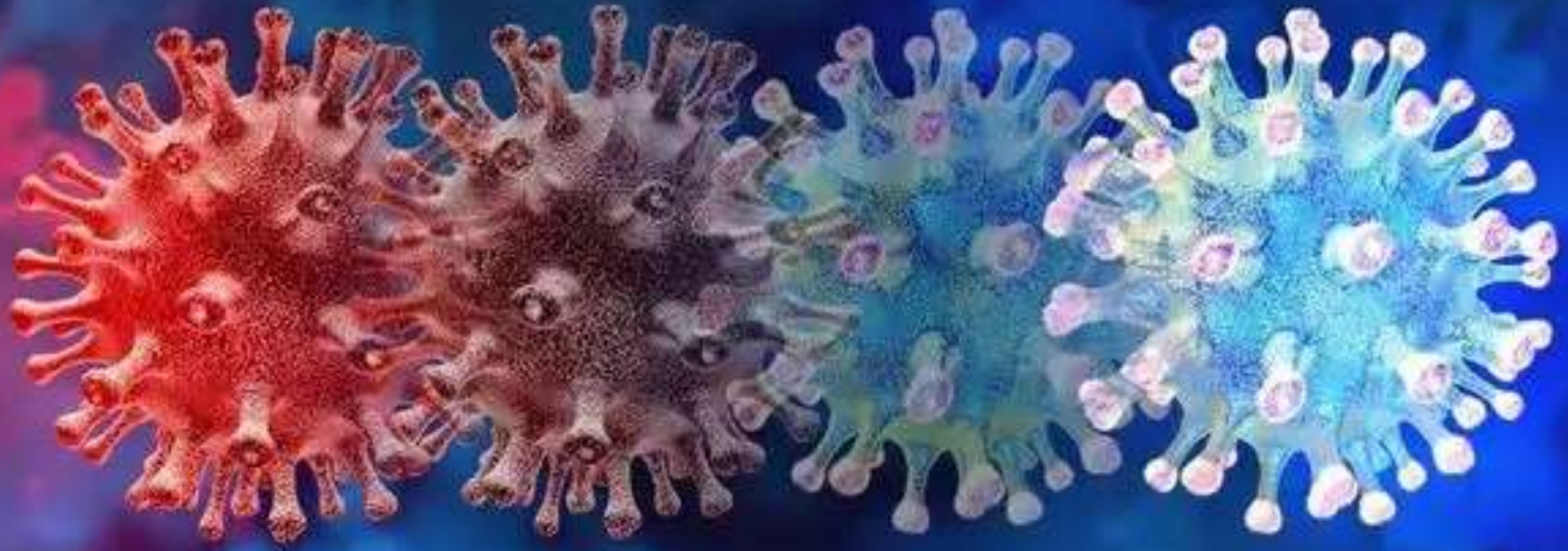
# Coronavirus Care Community of Practice

## March 2022 Progress Report





# Variant Evolution



**Alpha**

**Beta**

**Delta**

**Omicron**

The screenshot shows the MedTac website with a navigation bar at the top. A prominent red arrow points from the 'Protecting You & Your Family' section on the website towards the main report. Below this, there are sections for 'Short Video Topics' and 'Burns and Therix Guide™ Courses'. The 'Masks: Filter, Fit, and Finish' section features a video player with three people wearing different types of masks.

# Coronavirus Care Community of Practice

## March 2022 Progress Report



[www.medtacglobal.org/coronavirus-response/](http://www.medtacglobal.org/coronavirus-response/)





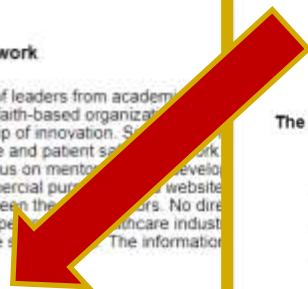
Global Patient Safety Forum

Global Patient Safety Forum

The GPSF is a convening alliance with a mission to save lives, save money, and build value in the community it serves. The Forum was expressly founded to make available important content that the collaborators want to share more broadly. This website is not intended to compete with any other initiative and will meet its objectives if collaborators and those interested in the topics share the information with their communities. There are no financial requirements of users of the site. Certain communities are private in order to protect those we serve and those who serve. Those we serve are patients and their families. Those who serve are the caregivers, administrators, researchers, educators, and staff in the healthcare industry.

Global Innovators Network

We are a global network of leaders from academia, NGOs, philanthropy, and faith-based organizations sharing best practices in leadership of innovation. Some of our members are innovators in healthcare and patient safety across multiple sectors with a focus on mentoring and developing the next generation of leaders. There is no specific commercial purpose for this website. There is no financial relationship between the members. No direct financial support of any type is provided to the healthcare industry or communities of practice. The information on this website is entirely free.



- Featured Leaders
- Global Webinars & Summits
- Patient Safety Community Of Practice
- Med Tac Bystander Care Program
- Emerging Threats Community Of Practice
- CareUniversity & Continuing Education



**Thomas Zeltner, MD**  
 Expert leader in Public Health  
 Former Special Envoy of the WHO  
 Former Secretary of State for Health  
 Swiss Federal Office of Public Health, Bern, Switzerland

[Read bio...](#)

[View video clip](#)



The private community of practice addresses a number of sensitive topics and subject matter that should not be made public for security reasons.

- **Brand Damage** from Outside, Inside, and or Mixed Outside-Inside Threats including cyberterrorism.
- **Workplace Violence** including physical, verbal, sexual, or emotional harassment, bullying or harm to caregivers, staff, students, or patients.
- **Active Shooter, Violent Intruder, and Deadly Force Incidents** including events causing physical harm to staff, caregivers, students, or patients.
- **Domestic Terrorism** such as organized attacks using chemical, biologic, radiologic, nuclear, and explosive weapons. Also weaponization of transportation & vehicles (CBRNET)
- **Violent Acts Against Leadership** where administrative, clinical, or governance leaders are specifically targeted by insiders or outsiders.
- **Intentional Harm of Patients** by caregivers who commit harmful acts against patients with or without enablers who do not report such harm.
- **Unintentional Patient Harm** through errors of omission from systems failures identified by mortality reviews such as diagnostic errors.
- **Failure to Rescue** in pre-hospital, hospital, and post-hospital continuity of care.
- **Hospital Optimization & Flow** with overcrowding & boarding/transfer issues.
- **Readiness for Epidemics** including preparedness for testing and volume surges.
- **Sexual Misconduct** including sexual harassment, abuse of power, and or harm to caregivers, staff, students, or patients.
- **Racial and or Sexual Discrimination** against those we serve including patients and their families and or those who serve in the organization.
- **Cybersecurity Patient Records Issues** including breach, theft, and contamination of medical records leading to patient and caregiver harm.
- **Cybersecurity Operation Issues** including breach, theft, and contamination of operational records, invasion of data systems, and ransom crimes.
- **Theft of Intellectual Property** by insiders, outsiders, or nation-states.
- **Sabotage** of service, information systems, clinical care, and property.
- **Employee Fraud** including misrepresentation of identity or qualifications, safety related issues such as vaccination and testing status, and attestations of truth.
- **Patient Fraud** including misrepresentation of identity, safety related issues such as vaccination and testing status, and attestations of truth.
- **Nation State Influence** through academic espionage, financial conflicts of interest, or other means.
- **Drug Diversion** by staff including caregivers and pharmacists who divert medications for themselves or others.
- **Conflict of Interest** of staff including physicians, researchers, and administrators including disclosed and undisclosed financial relationships.
- **Conflict of Interest of Governance** including undisclosed financial relationships and disclosed financial relationships.
- **Academic Fraud** including fabrication, falsification, plagiarism, or dishonest grant documentation including applications and reports.
- **Defamation or Unfair Press** by investigative reporting or false whistleblowers.
- **Burn-out** of caregivers, leadership, and staff.
- **Critical Drug and Supply Shortages** such as I.V. fluids, medications, and key supplies.
- **Regulatory Compliance Issues** including new risk for non-compliance.



THE UNIVERSITY OF TEXAS  
**MD Anderson  
Cancer Center**

MAYO  
CLINIC

## Emerging Threats Community of Practice

Stanford  
University

The Healthcare Threat Safety Spectrum



HARVARD  
UNIVERSITY

UCSF

University of California  
San Francisco

UCI

UF UNIVERSITY of  
FLORIDA

USC University of  
Southern California



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- **Academic Fraud** including fabrication, falsification, plagiarism, or misrepresentation including applications and reports. This includes issues by investigative reporting or false reporting.
- **Leadership, and staff.**
- **Supply Shortages** such as I.V. fluids, medications, and other critical supplies.
- **Regulatory Compliance Issues** including new risk for non-compliance.
- **Cybersecurity Patient Records Issues** including breach, theft, and contamination of medical records leading to patient and caregiver harm.

**Readiness for Epidemics** including preparedness for testing and volume surges.



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# **TMIT Global Research Test Bed**

**3,100 Hospitals in 3,000 Communities**

**500 Subject Matter Expert Pool Developed over 35 Years**





# 500 Subject Matter Experts

Graphic Representation to Protect Expert Privacy





# Coronavirus Care Community of Practice

# Bystander Rescue Care *CareUniversity Series*



John Nance JD



Dr. Gregory Botz



Chief William Adcox



Heather Foster



Dr. Charles Denham



Dr. Casey Clements



Beth Ullem



Dr. McDowell



Dennis Quaid



Preston Head III



Fred Haise



Dr. Steve Swensen



Tyler Sant



Avarie Pettit



Dr. Mary Foley



Bob Chapman



Perry Bechtle III



Becky Martins



Betsy Denham



Charlie Denham III



Dr. C Peabody



Dr. Chris Fox



Randy Styner



Tom Renner



David Beshk



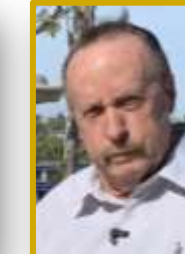
Ann Rhoades



Nancy Conrad



Dr. Chopra



John Little



Debbie Medina





# Coronavirus Care Community of Practice

# Bystander Rescue Care *CareUniversity Series*



Matt Horace



John Tomlinson



Dan Ford



Arlene Salamendra



Jennifer Dingman



Bill George



Penny George



Hilary Schmidt PhD



Paul Bhatia EMT



Dr. McDowell

## Contributions Through Segments of our *Discovery Channel* Documentaries



Prof Christensen



Jim Collins



C Sullenberger



Charlotte Guglielmi



Dr. Don Berwick



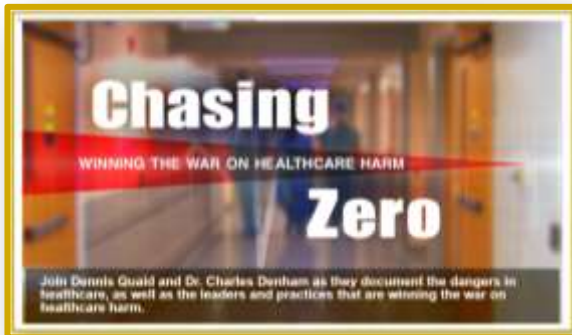
Dr. Howard Koh



Dr. Jim Bagian



Dr. Harvey Fineberg





THE UNIVERSITY OF TEXAS  
**MD Anderson**  
~~Cancer~~ Center

## Family Rescue R&D



**Stanford**  
University



**UCSF**  
University of California  
San Francisco

## The 5 R's of Safety



**UF** UNIVERSITY of  
FLORIDA

**UT Southwestern**  
Medical Center





A large, dense grid of small photographs, each depicting a different family or household scene. The images are arranged in a regular pattern, creating a mosaic effect. The scenes vary widely, showing people in various settings, activities, and interactions. A prominent red banner with white text is overlaid in the center of the grid.

# 1,000 Family Household Study



**1,000  
Worker Study**

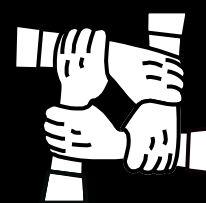
**The 5 R's  
of Safety**



**HEAD**



**HEART**



**HANDS**



**VOICE**

## **Coronavirus Care Results as of 03-01-22**

- **Established National Community of Practice**
- **Launched Multi-center Family R&D Study – 1,000 Polled**
- **42 Ninety Minute Broadcasts and Online Programs**
- **22 *Survive & Thrive Family Training* Programs**
- **Produced a National Campus Safety Summit**
- **Published Multiple Articles Providing Guidance**
- **Established Student Led College & Alumni Programs**
- **Delivered Free Continuing Education for Caregivers**
- **Short Videos for Mobile Viewing**
- **Rapid Response to Family Gatherings**
- **National Vaccine Hesitancy Student Outreach**
- **Smart Phone Mobile Applications**



Monthly Webinars every first Thursday of the month at 1PM ET (Noon Central and 10AM PT). Free, video, and resources posted.

Short Video Topics

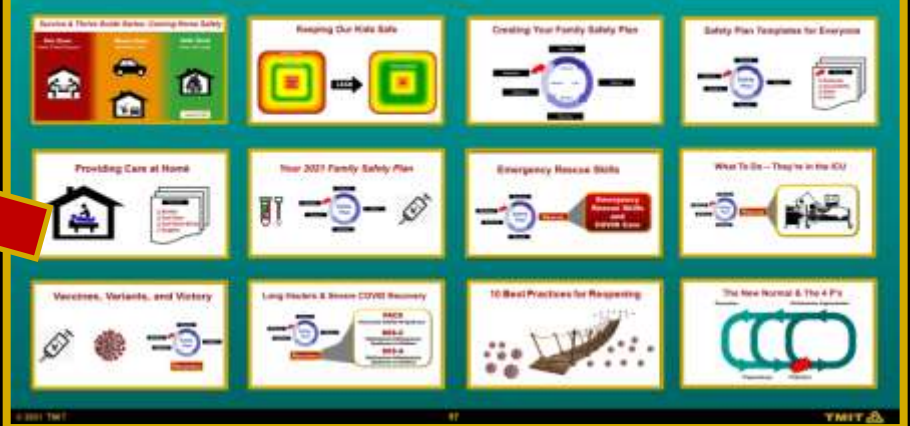
**Masks: Filter, Fit, and Finish**

- Hand Washing & DISINFECTANTS
- CLEAN High Contact Surfaces
- Building a FAMILY SAFETY PLAN
- If we NEED Emergency Care
- Why ICU, Respirators, and ECMO
- Family Lifeguard Program
- Vaccination Conversation



- SHORT TOPIC:**
- Short Videos 4-10 min
  - Critical Information
  - Hits Pillars of Prevention

**Survive & Thrive Guide™ Program Road Map**



- SURVIVE & THRIVE 90 MINUTE COURSES:**
- Longer more detailed
  - Webinar Recordings
  - Technical Information

Related Resources



[www.medtacglobal.org/coronavirus-response/](http://www.medtacglobal.org/coronavirus-response/)



# Survive & Thrive Guide™ Program Road Map

**Survive & Thrive Guide Series: Coming Home Safely**

**Hot Zone**  
Public & Work Exposure



**Warm Zone**  
Disinfection Area



**Safe Zone**  
Home with Family



August 5, 2020

**Keeping Our Kids Safe**



**Creating Your Family Safety Plan**



**Safety Plan Templates for Everyone**



**Providing Care at Home**



**Home Care**

- Seniors
- Care Team
- Care Room Set Up
- Supplies

**Updating Your Family Safety Plan**




**Emergency Rescue Skills**



**What To Do – They're in the ICU**



**Vaccines, Variants, and Victory**

**Long Haulers & Severe COVID Recovery**

**PACS**  
Post-Acute COVID-19 Syndrome

**MIS-C**  
Multisystem Inflammatory Syndrome in Children

**MIS-A**  
Multisystem Inflammatory Syndrome in Children

**10 Best Practices for Reopening**



**The New Normal & The 4 P's**

Prevention      Performance Improvement



Preparedness      Protection

# Survive & Thrive Guide™ Program Road Map

## Dealing with Delta: The Critical FAQs



## Essential Worker Toolbox



## Special Care for Special Populations



## Safer Holidays & Safer Families



## Omicron and Back to Work



## Bystander Rescue Care & Omicron



## Testing to Navigate Care



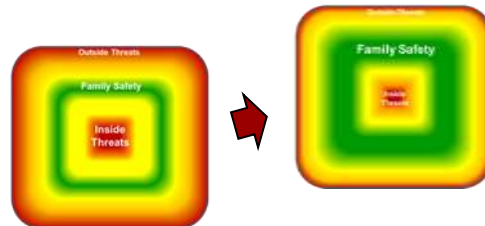
## Our Stressed Emergency Safety Net



## Fraud in the COVID Ecosystem



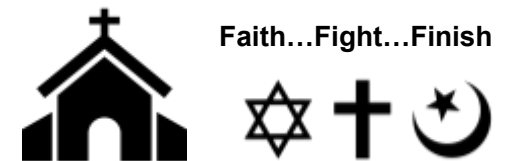
## COVID Safe Practices Update



## 1,000 Household COVID Study



## Faith-based COVID Leadership





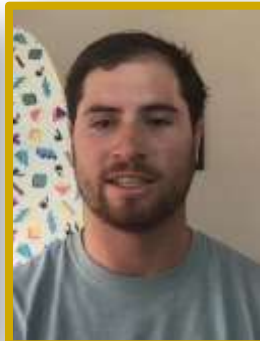
## Youth & Young Adult Team



D Contreras EMT  
Harvard



Ivy Tran EMT  
Harvard



Nick Scheel  
UCSB



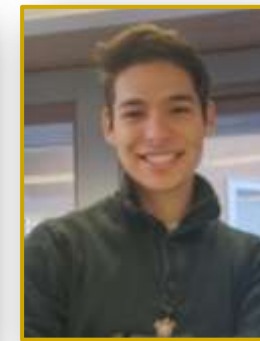
Sophia McDowell  
California Inst. of Arts



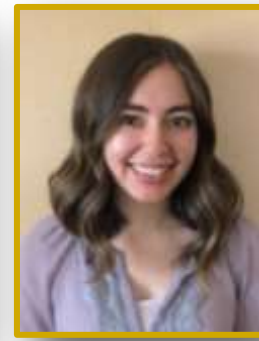
Audrey Lam EMT  
USC



Jacqueline Botz  
Chapman



Luis Licon  
UCI Alum



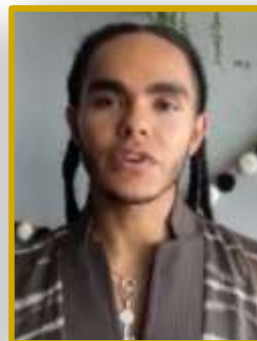
Melanie Rubalcava  
UCSD



Charlie Denham III  
High School Lead



Charlie Beall  
Stanford Alum



Marcus McDowell  
U of Cincinnati



Jaime Yrastorza  
UCSD Pre-med



Paul Bhatia EMT  
UCI Pre-med



D Policichio  
NYU Film



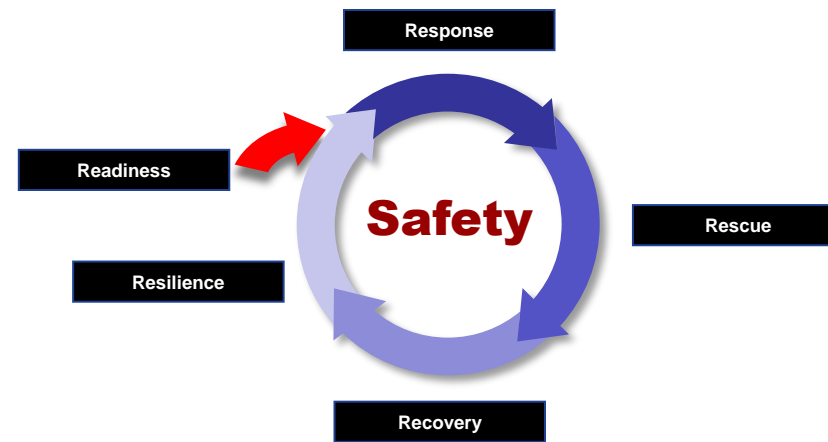
Manue Lopez  
Berkeley Alum



Preston Head III  
UCLA Alum



## Family Rescue R&D



### The 5 R's of Safety



UNIVERSITY OF CALIFORNIA  
SANTA BARBARA



# The Vaccination Conversation



Video Tape: < 14 Minutes

<https://www.medtacglobal.org/student-outreach-program/ttsconverstation/>



# In the News: Tackling Vaccine Hesitancy

**TEAM  
PLAYER**



**TEAM PLAYER** <https://vimeo.com/679763639/0cfc1c62b6>



# Our Stressed Emergency Safety Net



- ✓ **What is the state of our Public Safety Net?**
- ❑ How do we deal with family medical emergencies?
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*Turn the Science into Safety™*

# What is the State of Our Safety Net?



# What is the State of Our Safety Net?

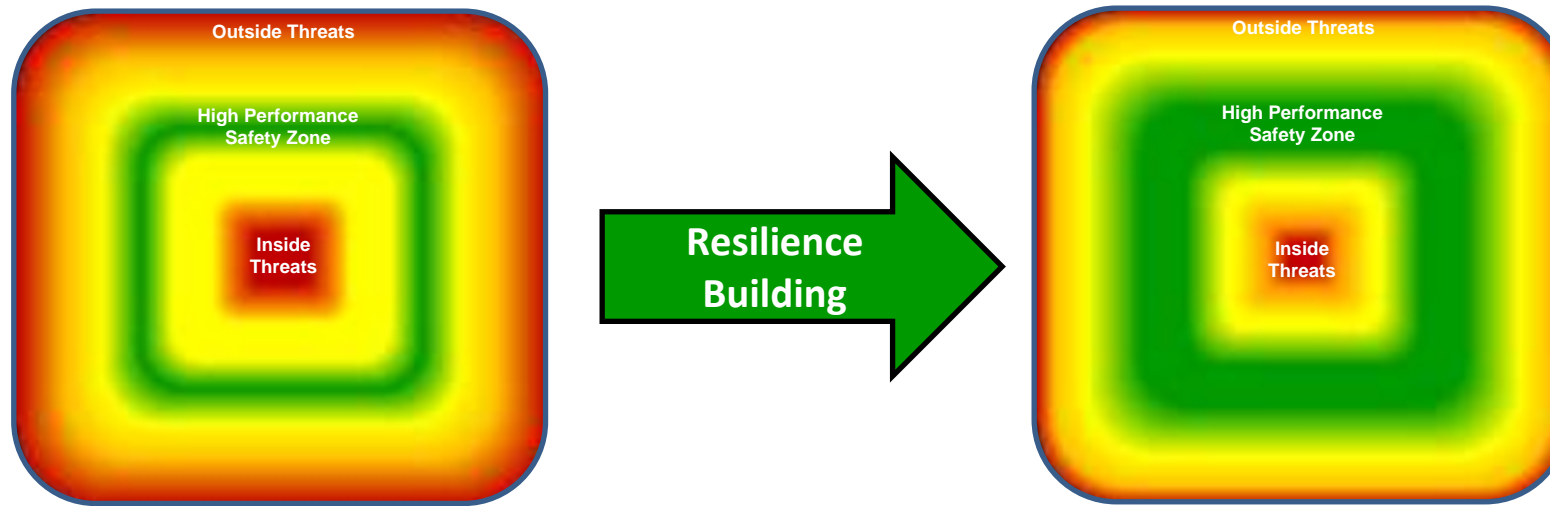




# What is the State of Our Safety Net?



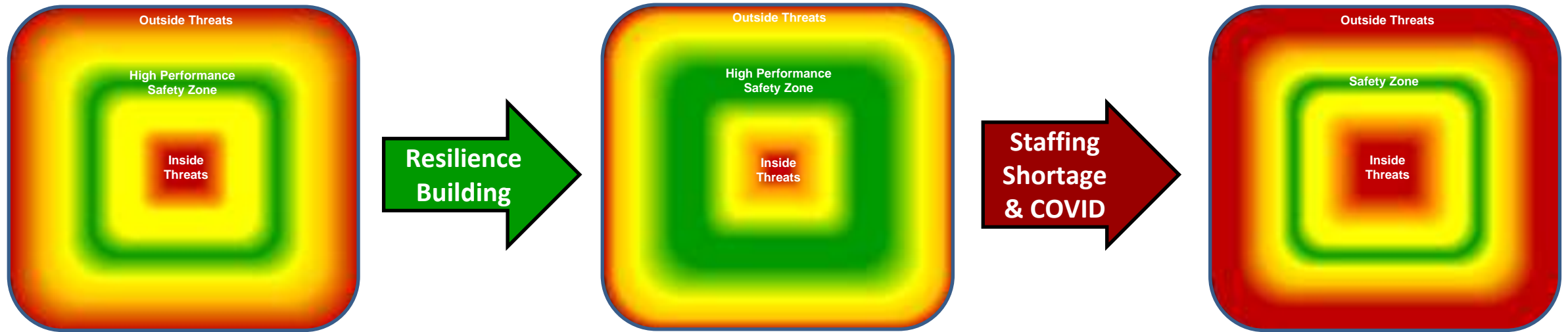
# Inside & Outside Threats and Resilience Building



© Denham



# Inside & Outside Threats and Resilience Building



© Denham





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*Turn the Science into Safety™*

# Professional Caregiver Family Care





## Christopher Peabody MD MPH

Associate Professor  
Emergency Medicine  
UCSF School of Medicine  
Director of the UCSF  
Acute Care Innovation Center

<https://www.medtacglobal.org/>

**MED+TAC** About Values & Team Coronavirus Response Recorded Broadcasts Specialty Programs Student Outreach Research & Development CAREUNIVERSITY

This webpage and videos have been produced for essential infrastructure workers and general public families. We have drawn on our network of 500 subject matter experts and a patient safety community of practice of 3,100 hospitals in 3,000 communities to tackle the Coronavirus Crisis.

Protecting You & Your Family

**INTRODUCTION**  
Coronavirus Community

- February 2022 Progress Report
- View 90 Minute Programs Online
- View Short Video Summaries

**MED+TAC** Coronavirus Care Community of Practice Bystander Rescue Care CareUniversity Series

We have organized important information into Short Video Topics and longer Survive & Thrive Guides™ Courses below.

**Short Video Topics**

- Masks: Filter, Fit, and Finish
- Hand Washing & DISINFECTANTS
- CLEAN High Contact Surfaces
- Building a FAMILY SAFETY PLAN
- If we NEED Emergency Care
- Why ICU, Respirators, and ECMO
- Family Lifeguard Program
- Vaccination Conversation

**NEW Emergency Dept. Issues**

**The 5 Rights of Emergency Care**

- Right Provider
- Right Diagnosis
- Right Treatment
- Right Discharge
- Right Follow Up

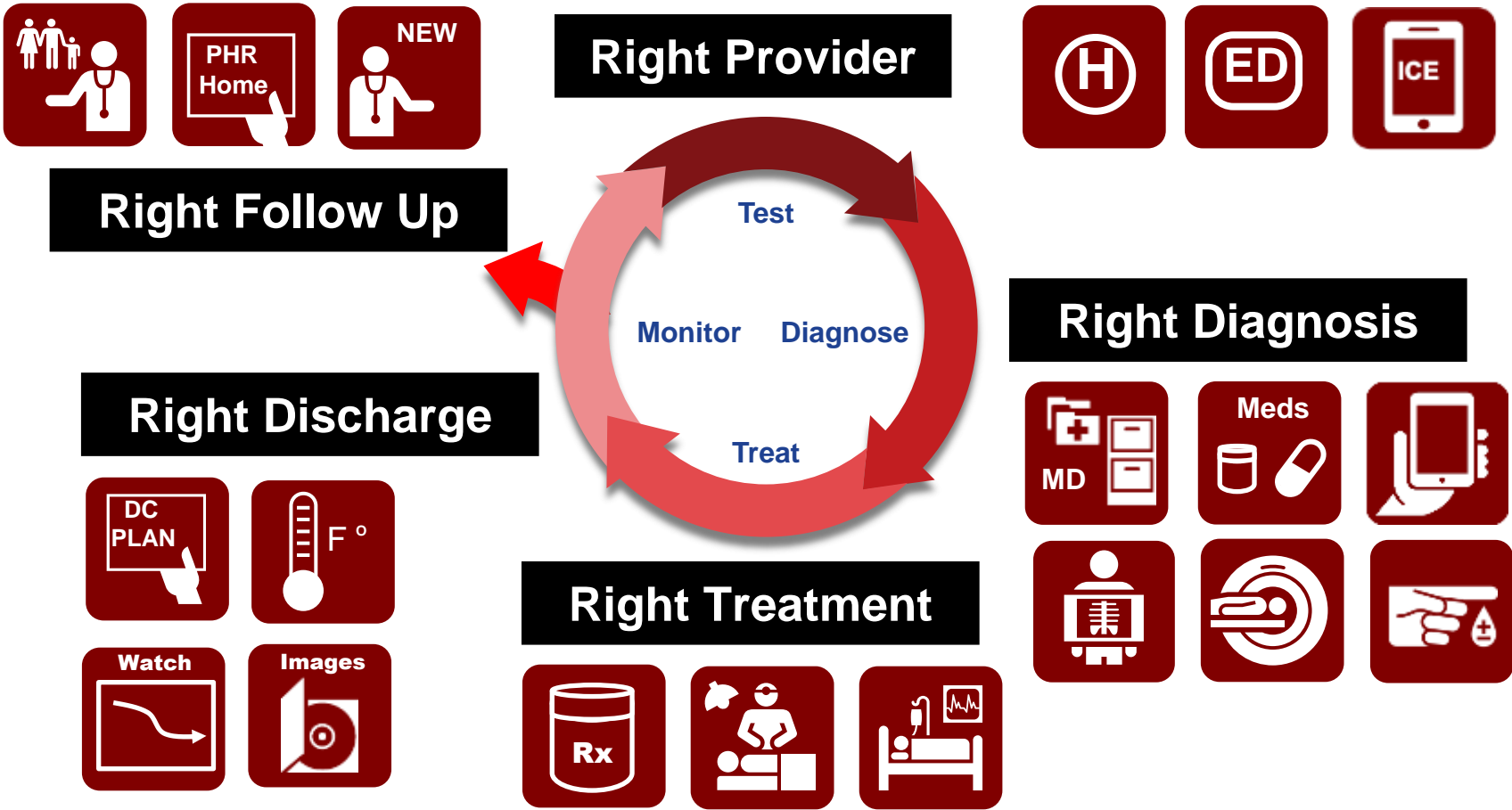
Dr. Christopher Peabody  
Director Acute Care Innovation Center  
Associate Clinical Professor  
University of California, San Francisco

05:10

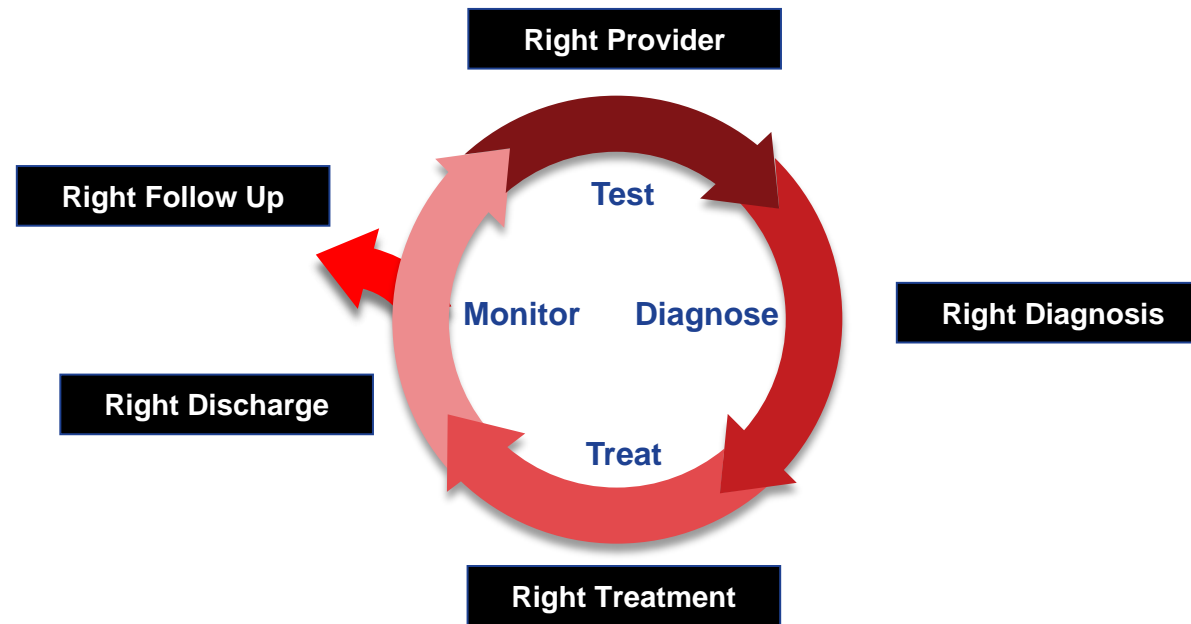
**MED+TAC**



# The 5 Rights of Emergency Care™



# The 5 Rights of Emergency Care™



**Right Provider:** Patients and families need to choose the best emergency care provider they will use prior to experiencing an emergency.

**Right Diagnosis:** The right diagnosis depends on information – make sure to help the emergency care providers with all of the information you have to help them.

**Right Treatment:** It is important to understand both the short-term implications of emergency care as well as the long-term implications. An emergency medicine visit is a snapshot in time.

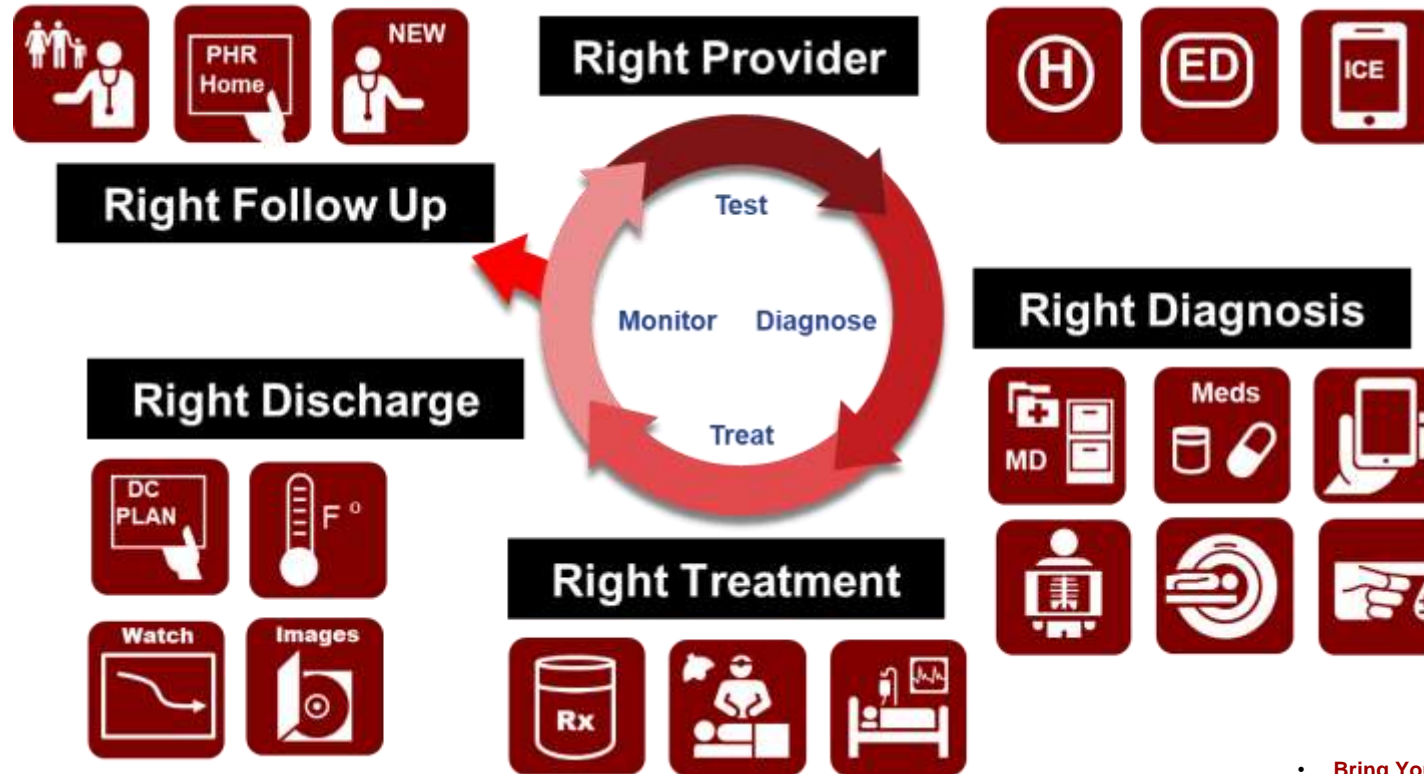
**Right Discharge:** A critical area for safety is the discharge from the Emergency Department. The information shared with the patient and family will have a major impact on the outcome of care. We need to understand why we may need to come back for care.

**Right Follow-up:** The continuity of care after an Emergency Medicine visit is very important to the long-term outcome of the care received. The breakdown in follow up is often an area of safety risk.

Source: Denham, CR

- **WHO, about WHAT, and WHEN:** In Follow Up, Who to see about what, and when.
- **Update Your Records:** You will want to update your home records
- **See New Caregivers:** You may need to see a new doctor and the records from primary care, ED visit, meds, and imaging will all be important.

## The 5 Rights of Emergency Care™ An Introduction



- **Choose RIGHT Emergency Care Provider:** The one that already has your records, especially for complex issues
- **Your Choices:** Urgent Care, Community Hospital, Specialty Center – Pediatric, CA, Stroke Center Trauma Center...if you have a choice.
- **Bigger Centers – Bigger Problems:** when in doubt with serious problems.
- **ICE – In Case of Emergency:** Make sure to always have your ICE contact in your wallet and on phone

- **Return Precautions:** Understanding when to come back to ED — signs and symptoms to return. Care is never over
- **Understanding What Happened:** the Medical Problem, Diagnosis, and Treatment
- **Medication Reconciliation** – stops, adds, changes.
- **Records Reconciliation:** Assembling and summarizing the latest records.
- **Care Plan:** Wound care, diet, and special instructions.
- **Get the Records:** Get your all records to take home

- **Treatment of Short-term Symptoms and of Long-term Conditions:** Procedures, medications, further and new behaviors you need to maintain
- **Shared Decision Making:** Understand the treatment and decide together
- **Risks and Benefits**
- **Hospital Admissions:** Understand why you might be admitted for care versus care at home

- **Bring Your Medical Records:** your prior hospital records and summaries of the latest care if you have them.
- **Bring your Care Plan** if you have one
- **Bring Medications:** your actual medications in a bag and be prepared to describe how you take them.
- **Imaging Studies & Reports:** If you have imaging studies on disc which can prevent you from getting other studies.
- **Tests & Diagnosis:** Understand the tests and answers of what you have

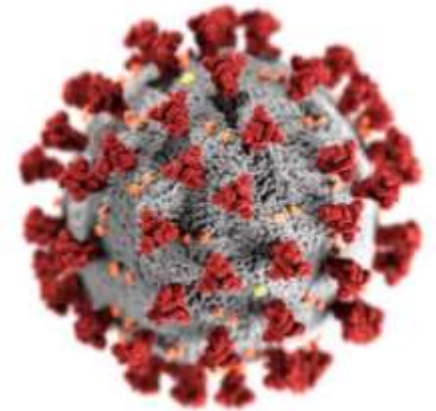


# A Message to Families Regarding Emergency Care



## **Christopher Peabody MD MPH**

**Associate Professor  
Emergency Medicine  
UCSF School of Medicine  
Director of the UCSF  
Acute Care Innovation Center**

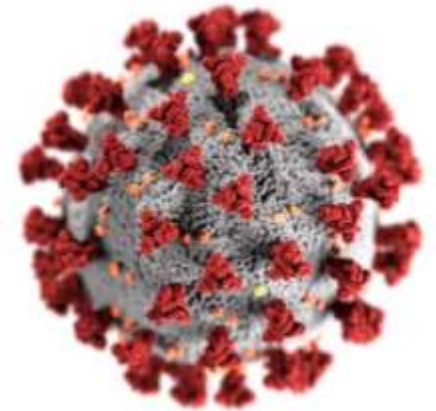


# Emergency Care of Children

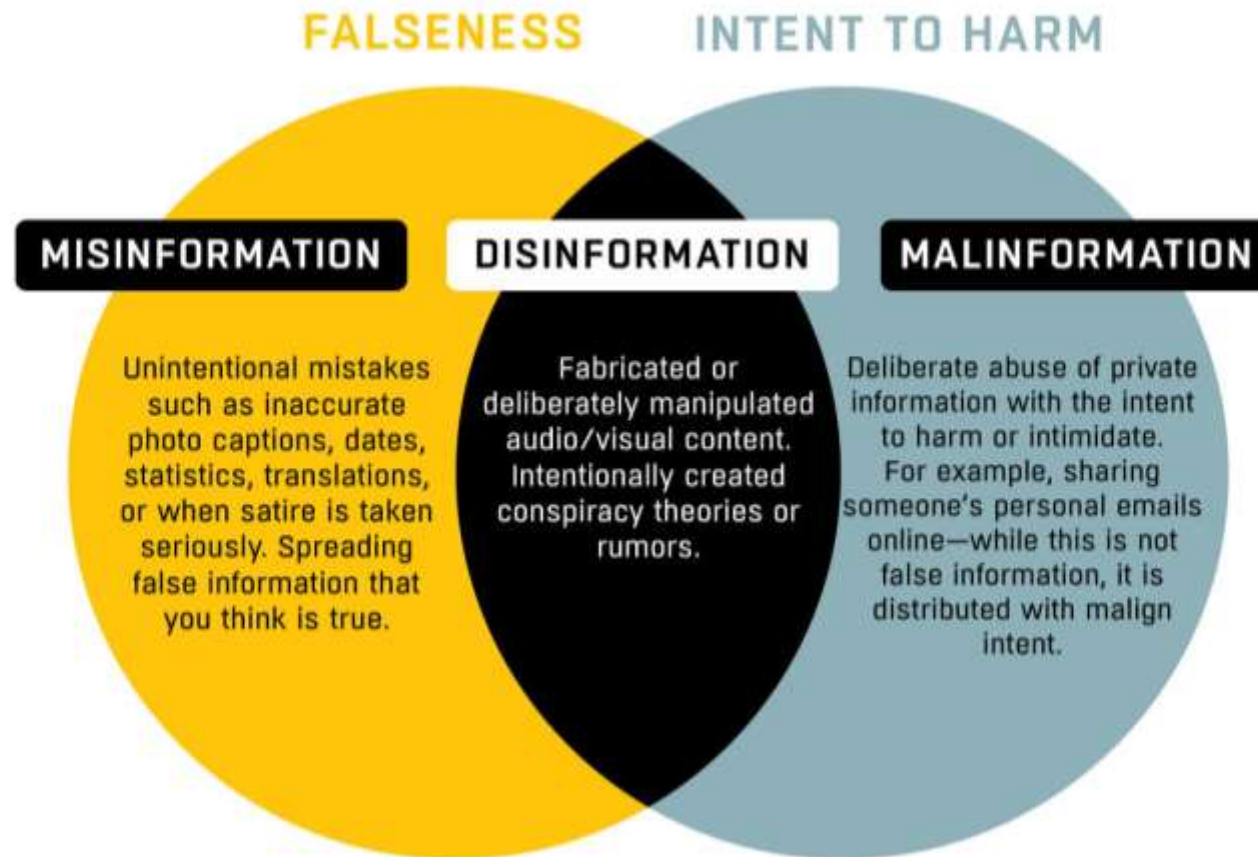


**Dr. Brittany Barto-Owens**

**Community Pediatrician  
Med Tac Advisor  
Coronavirus Care  
Community of Practice**



# Misinformation – Disinformation - Malinformation



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# Our Stressed Emergency Safety Net



- ✓ What is the state of our Public Safety Net?
- ✓ How do we deal with family medical emergencies?
- ✓ **What do I need to know about EMS?**



- ❑ How do we help loved ones get to the ED?
- ❑ How has COVID impacted Law Enforcement?
- ❑ How has COVID impacted Firefighters?
- ❑ What should Good Samaritans do in COVID world?



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# EMS Family Care



**Bystander  
Rescue Care**

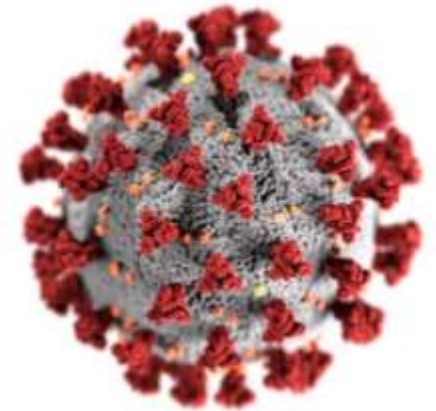


## Our Stretched Public Safety Net and EMS



### **Gregory H. Botz, MD, FCCM**

**Professor of Anesthesiology and Critical Care  
UT MD Anderson Cancer Center, Houston, TX  
Adjunct Clinical Professor, Department of  
Anesthesiology  
Stanford University School of Medicine,  
Stanford, CA**





# Healthcare Worker Deaths from COVID-19



Source: <https://www.theguardian.com/us-news/ng-interactive/2020/aug/11/lost-on-the-frontline-covid-19-coronavirus-us-healthcare-workers-deaths-database>



# Healthcare Worker Deaths from COVID-19

# 922

US healthcare worker deaths are under investigation by the Guardian and KHN.

Did they have to die?



As of 11 August, our journalists have profiled **167** health workers and included them in our database. Read their stories below.

Source: <https://www.theguardian.com/us-news/ng-interactive/2020/aug/11/lost-on-the-frontline-covid-19-coronavirus-us-healthcare-workers-deaths-database>





## New Interactive Database by KFF's Kaiser Health News and Guardian US Reveals More Than 900 Health Care Workers Have Died in the Fight Against COVID-19 in the U.S.

Many Were Unable to Access Adequate Personal Protective Equipment, and People of Color Account for a Disproportionate Share of Deaths Among Those Profiled So Far

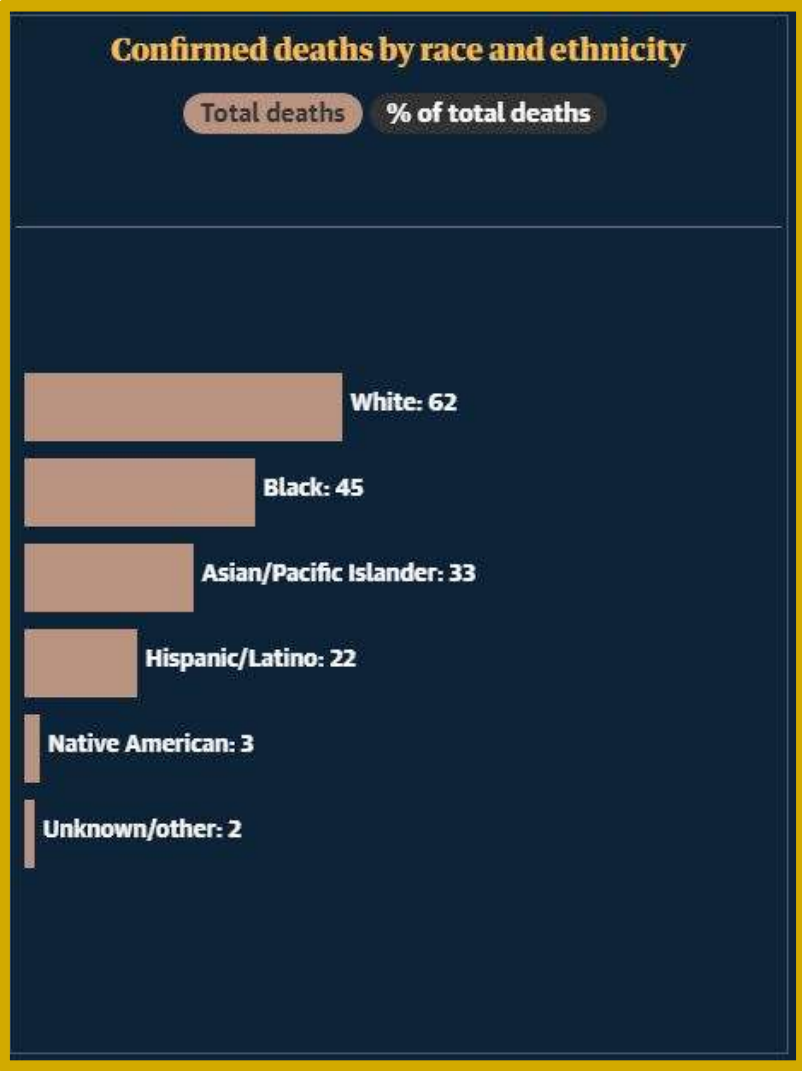
Key themes have emerged from the lives and deaths of the 167 workers whose profiles are in the database so far, including:

- At least 52 (31%) had **inadequate personal protective equipment (PPE)**.
- At least 103 (62%) were identified as people of color.
- Sixty-four **(38%) were nurses**, the largest single group, but the total also includes physicians, pharmacists, first responders and hospital technicians, among others.
- **Ages ranged from 20 to 80**, with 21 people (13%) under 40, including eight (5%) under 30. Seventy-seven people — or 46% — were 60 or older.
- At least 53 workers **(32%) were born outside the U.S.**, including 25 (15%) from the Philippines.

Exclusive stories by the project reporters have revealed that many health care workers are using surgical masks that are far less effective and have put them in jeopardy.



# Healthcare Worker Death Breakdown



Source: **INSERT**

# Our Stressed Emergency Safety Net



- ✓ What is the state of our Public Safety Net?
- ✓ How do we deal with family medical emergencies?
- ✓ What do I need to know about EMS?

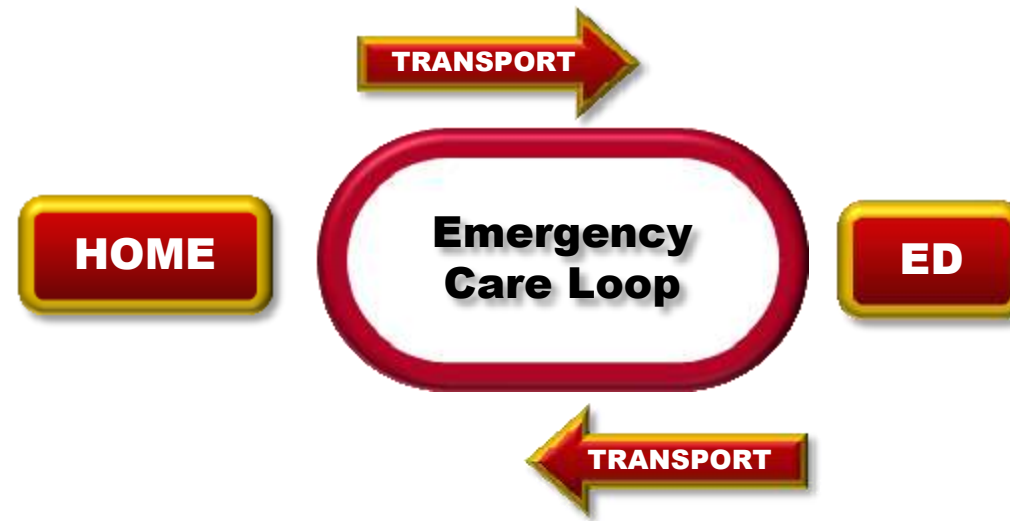


- ✓ **How do we help loved ones get to the ED?**
- ❑ How has COVID impacted Law Enforcement?
- ❑ How has COVID impacted Firefighters?
- ❑ What should Good Samaritans do in COVID world?



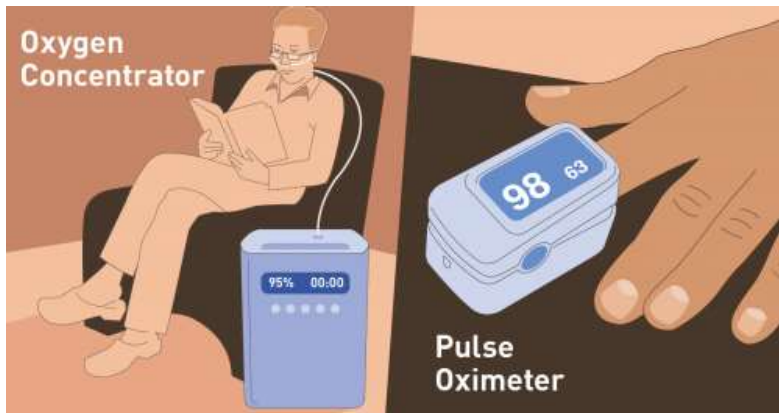
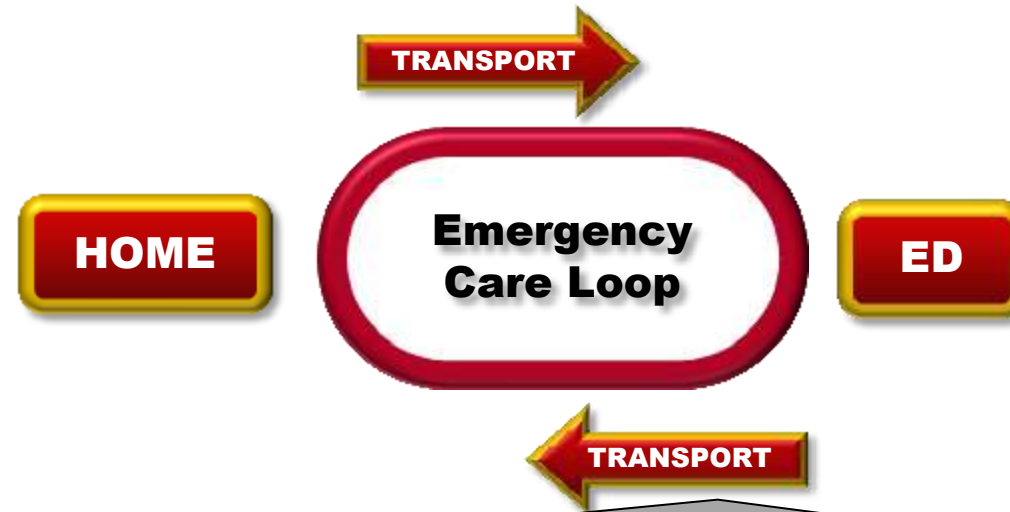
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# Emergency Rescue Skills: Getting to the ED





# Emergency Rescue Skills: After Discharge & Transport Home



# Our Stressed Emergency Safety Net



- ✓ What is the state of our Public Safety Net?
- ✓ How do we deal with family medical emergencies?
- ✓ What do I need to know about EMS?
- ✓ How do we help loved ones get to the ED?
- ✓ **How has COVID impacted Law Enforcement?**



- How has COVID impacted Firefighters?
- What should Good Samaritans do in COVID world?



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# Law Enforcement Family Care



**Bystander  
Rescue Care**





# Five times as many police officers have died from Covid-19 as from gunfire since start of pandemic



The coronavirus has become the leading cause of death for officers despite law enforcement being among the first groups eligible to receive the vaccine at the end of 2020. **The total stands at 476 Covid-19 related deaths since the start of the pandemic, compared to 94 from gunfire in the same period.**



<https://www.cnn.com/2021/10/16/us/police-vaccination/index.html>



# Crisis in the United States: Erosion of Police Service



**Vicki King MS**

**Assistant Chief of Police for  
Converged Threat/Risk  
Protection and Investigations  
MD Anderson Cancer Center and  
UT Health Science Center  
Houston Texas**



**William Adcox MBA**

**Chief Security Officer  
and Vice President  
MD Anderson Cancer Center  
Chief of Police,  
University of Texas at Houston  
Med Tac Lead Threat  
Safety Scientist**

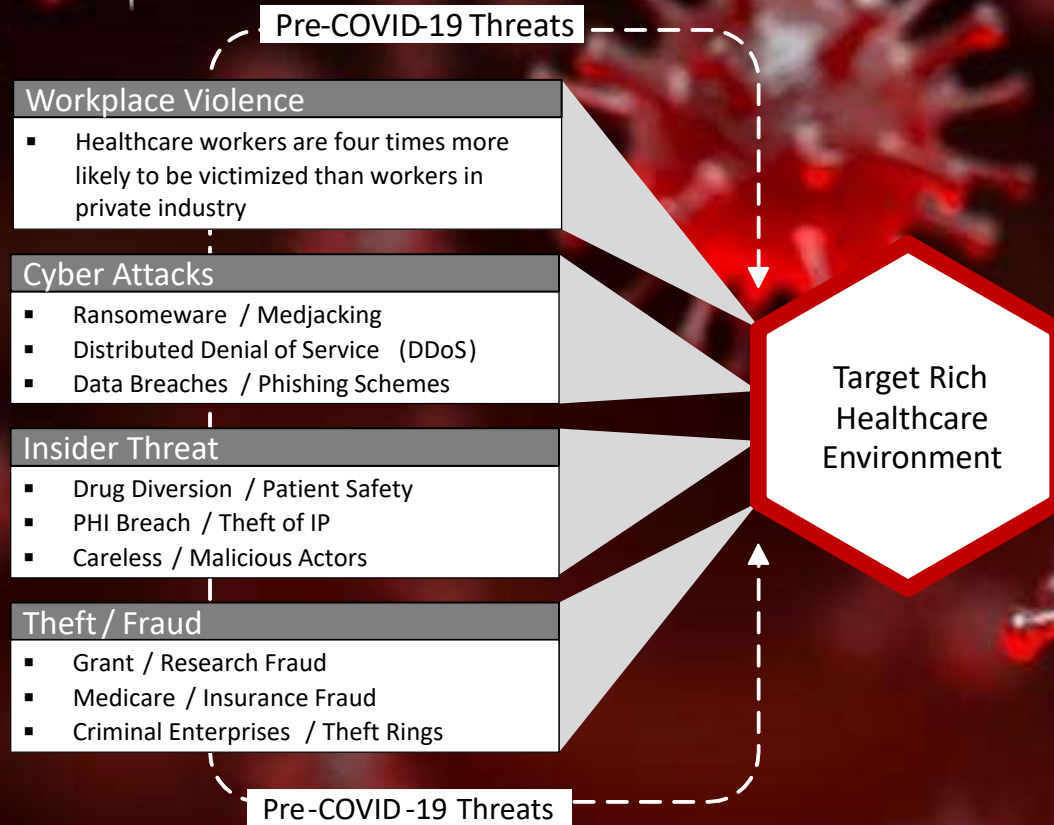


## OUR STRESSED EMERGENCY SAFETY NET - A SURVIVE & THRIVE GUIDE

### CRISIS IN THE UNITED STATES: EROSION OF POLICE SERVICE

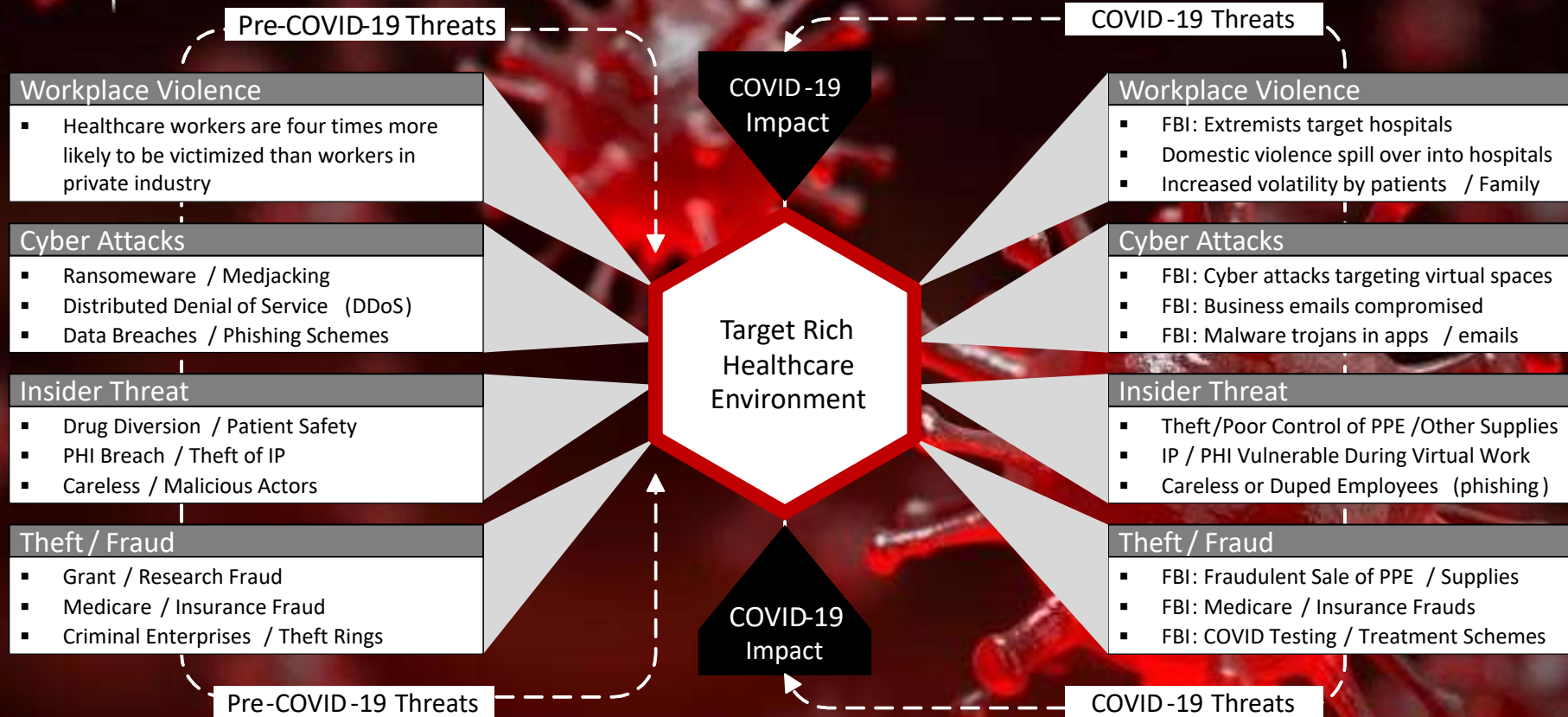


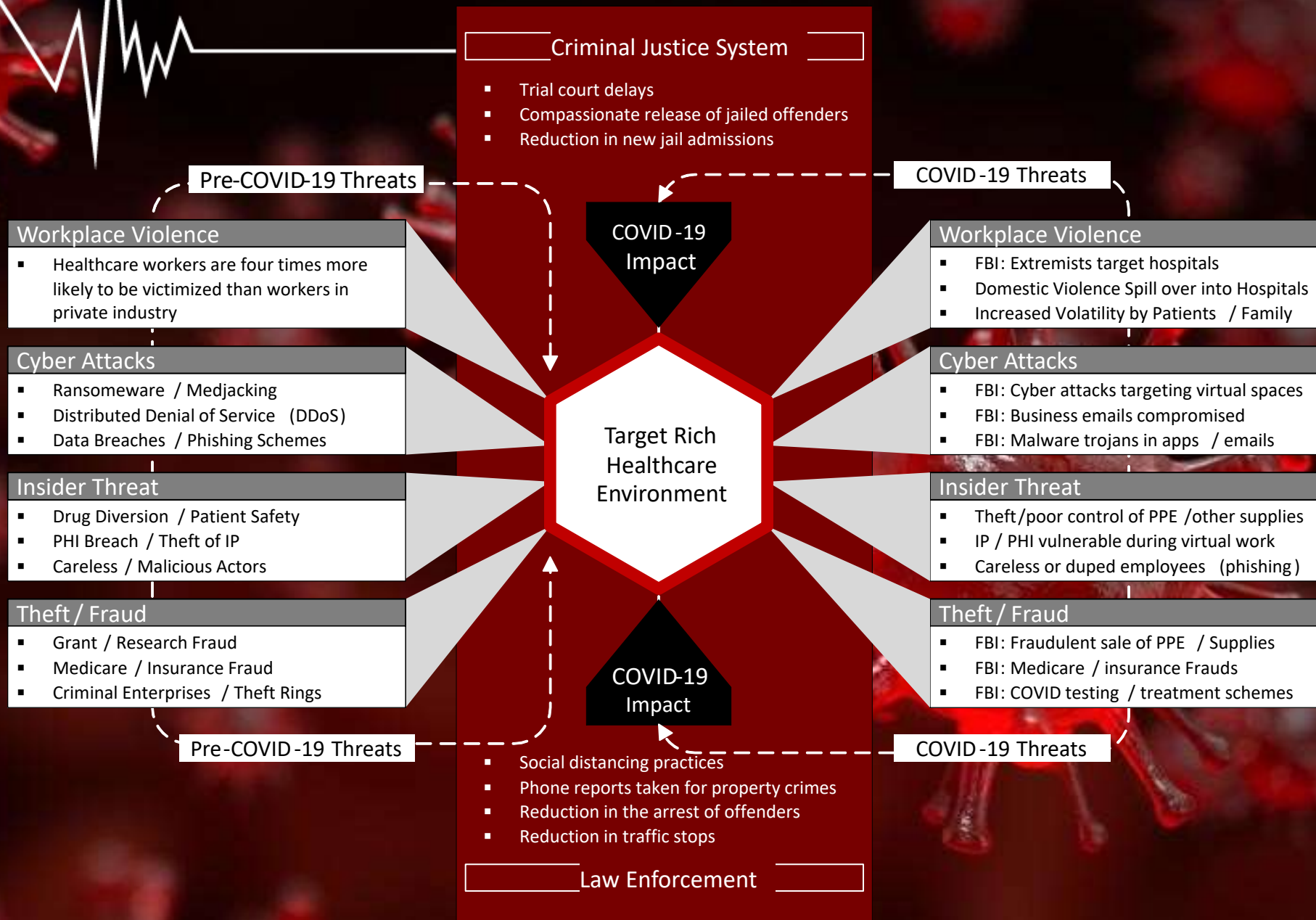
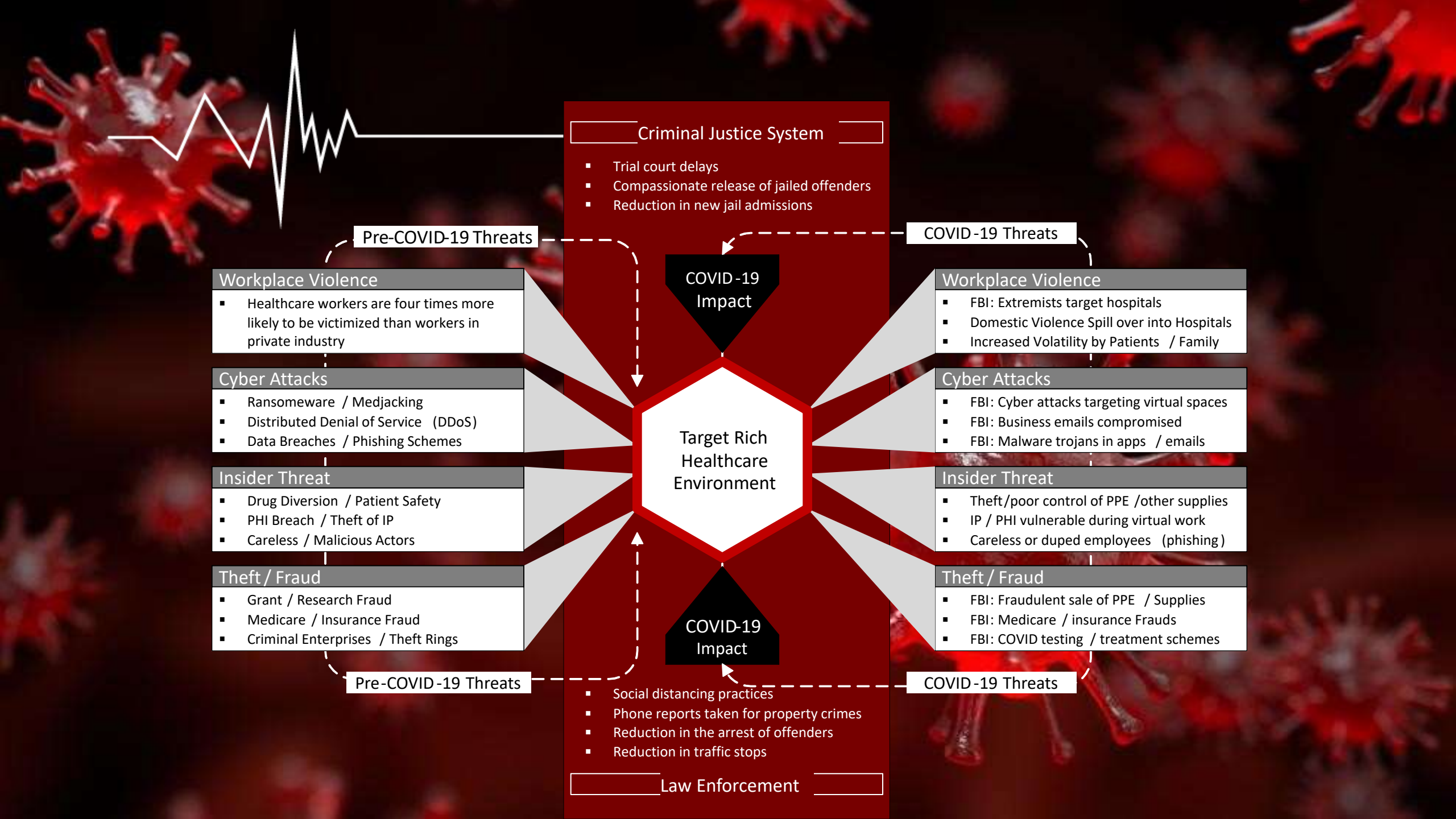
# COVID-19 Impact on Healthcare





# COVID-19 Impact on Healthcare







*“Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly.”*

*~ Dr. Martin Luther King, Jr.*

*April 16, 1963, Birmingham City Jail*



MINNEAPOLIS, MN - JUNE 01: A memorial site where George Floyd died May 25, 2020 while in police custody. (Photo by Stephen Maturen / Getty Images)





DEFUND  
THE  
POLICE

81%

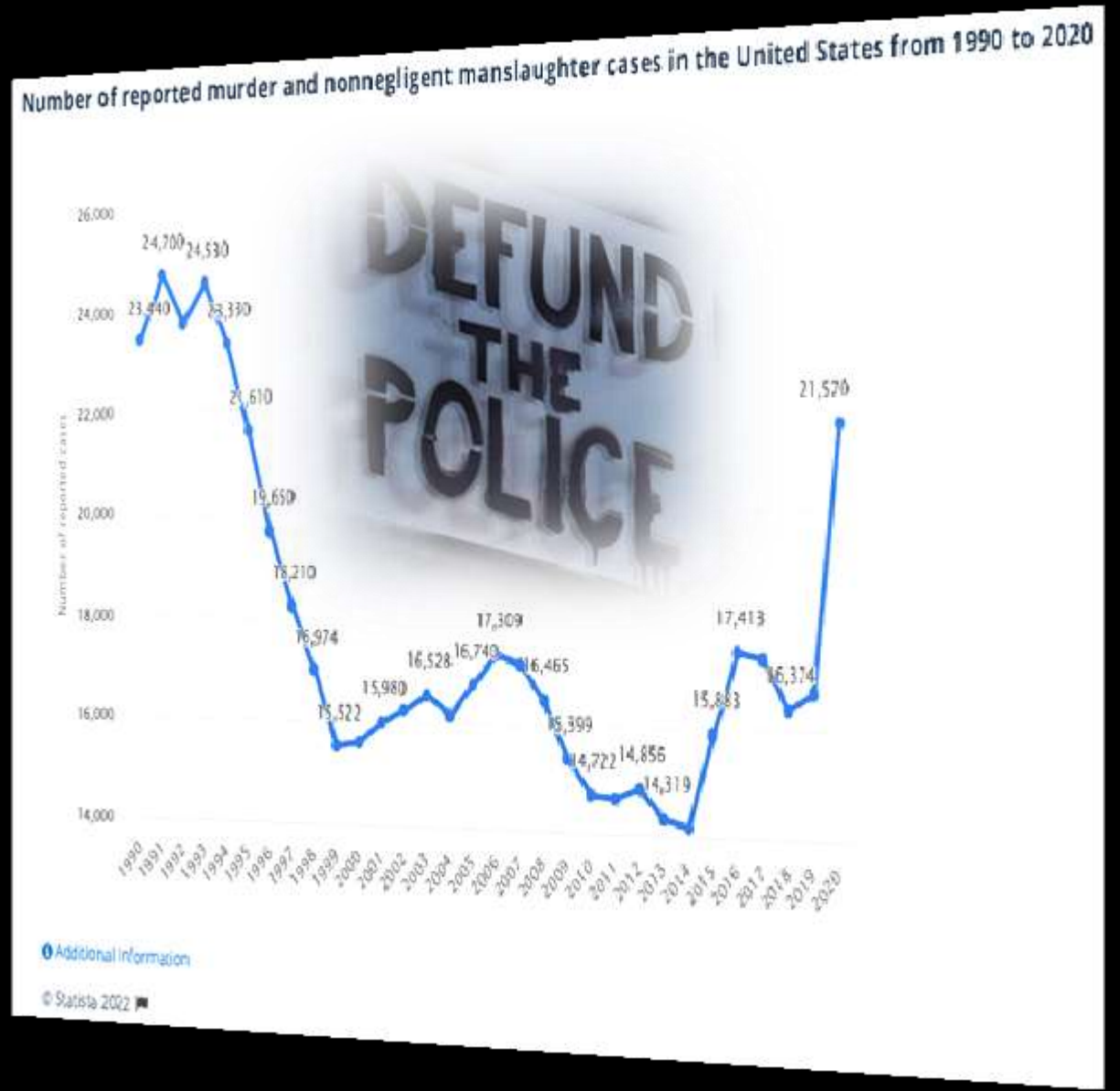
Gallup Panel, June 23-July 6, 2020

Black Americans surveyed want the same or increased levels of police presence in their neighborhoods.

Just 19% of Black Americans surveyed want the police to spend less time in their neighborhoods.

These figures align with earlier surveys, finding that only 22% of Black Americans want to get rid of police forces as we know them.

## FBI Data Shows An Unprecedented Spike In Murders Nationwide In 2020





FBI Data Shows An Unprecedented Spike  
In Murders Nationwide In 2020





FBI Data Shows An Unprecedented  
Decrease In Arrests Nationwide In 2020



# OFFICER

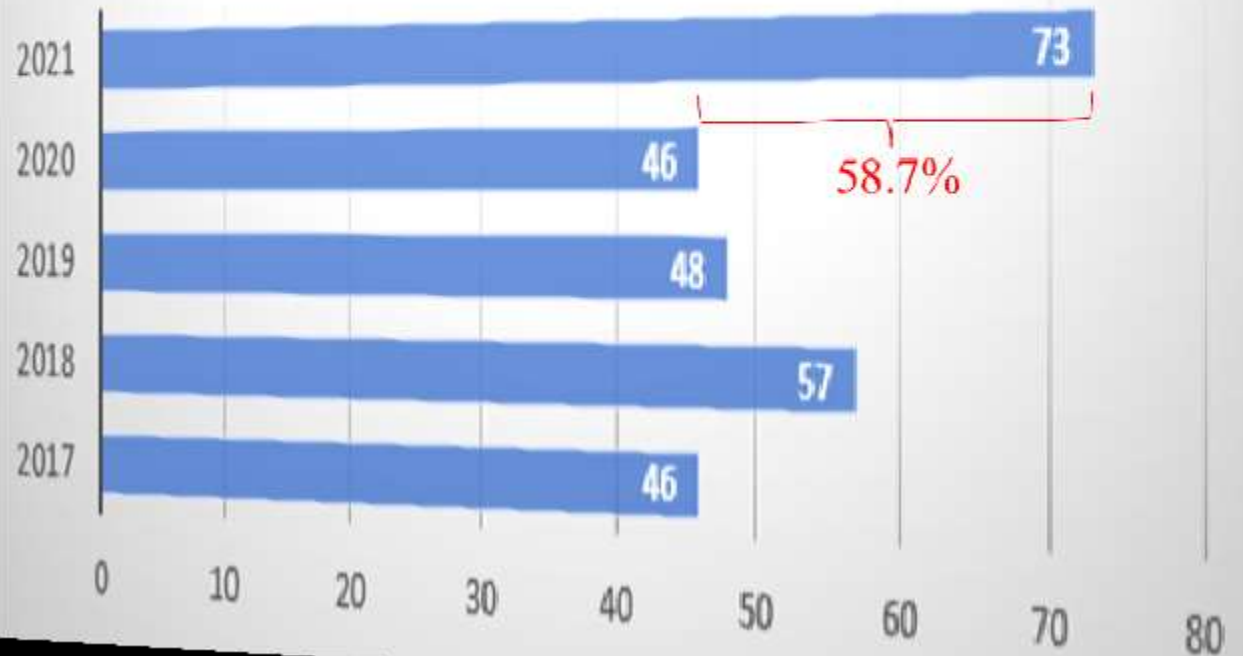
# DOWN

FBI Data Shows An Unprecedented Spike  
In Police Officer Felonious Deaths



## Law Enforcement Deaths (Felonious)

Source: FBI UCR



# Police departments across the nation report historic staffing shortages



Covid-19 Issues



Anti-Police Rhetoric



Surging Workload



Abolishing Protections



Increased Danger



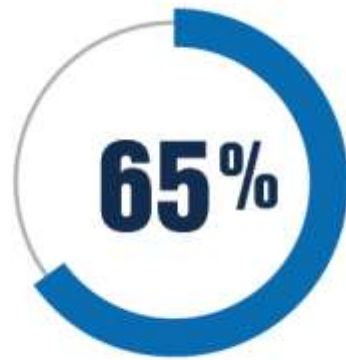
Reduced Accountability



## Police services are eroding



of agencies reported having difficulty in recruiting qualified candidates



of agencies reported having too few candidates applying to be law enforcement officers



of agencies reported that recruiting is more difficult today than it was five years ago



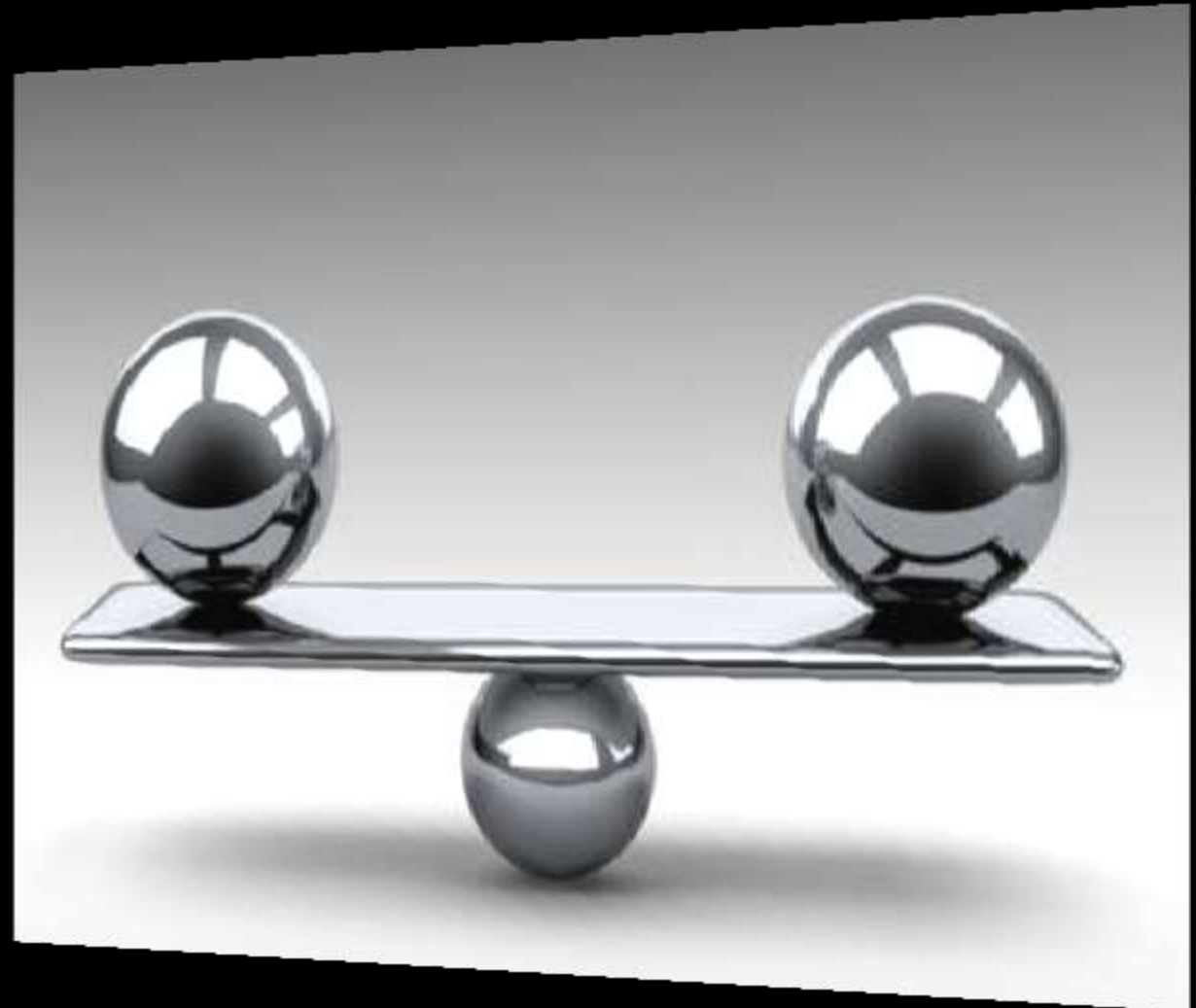
of agencies reported having to change agency policies in order to increase the chances of gaining qualified applicants



of agencies reported having to reduce or eliminate certain agency services, units, or positions because of staffing difficulties

## Policing is at a tipping point

- Change the public narrative through accountability and professionalism measures
  - Hiring and selection reflective of the community
  - Early warning systems / Values-driven corrective action process
  - Promotion and retention of competent leaders of good character
  - Accreditation and oversight of police organization
  - Police union focus confined to safety and compensation issues
  - Management retains authority over work assignments and corrective action
- Build social capital with your community
  - Create transparency and inclusion with community stakeholders
  - Direct resources to address community needs and priorities



## Questions



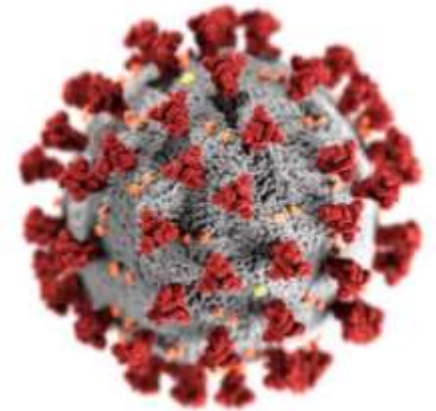


# The First Responders – Best Responders



**David Morris PhD JD**


**Forensic Psychologist  
Attorney  
Expert Advisor to  
Public Safety Organizations  
for Performance Improvement**





# Selection Procedures

**Diversity is key in all personnel decisions. Public safety is the face of Government - if people do not see themselves represented in public safety it is a psychological certainty that that government is courting dissent from those not represented.**





# Selection Procedures

**In the face of an emergency, Public Safety is who we all call.**

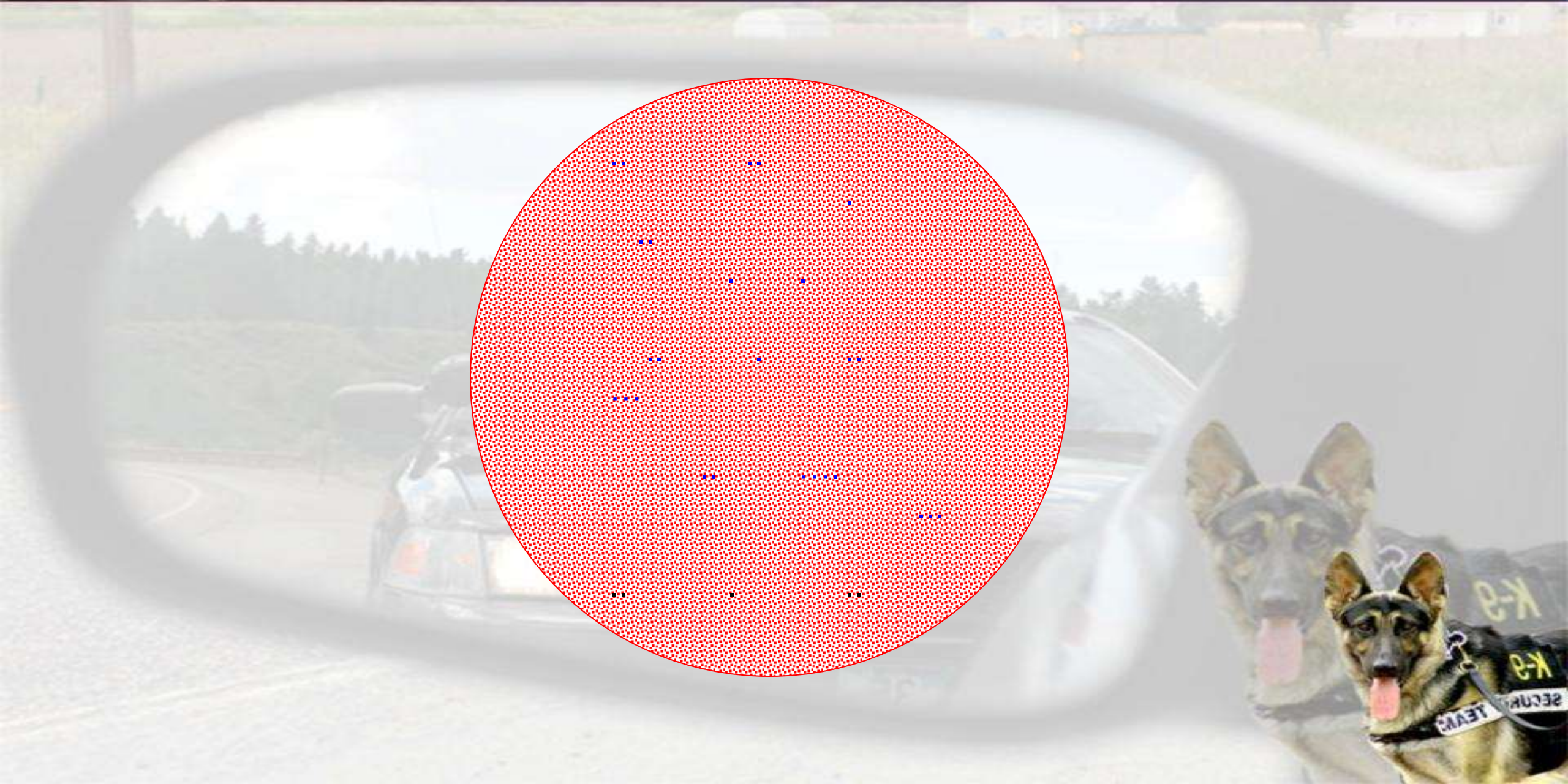
**Public safety is facing numerous challenges.**

- **Entry-level applicants are down**

**Adaptation to the new challenge requires more frequent screening.**





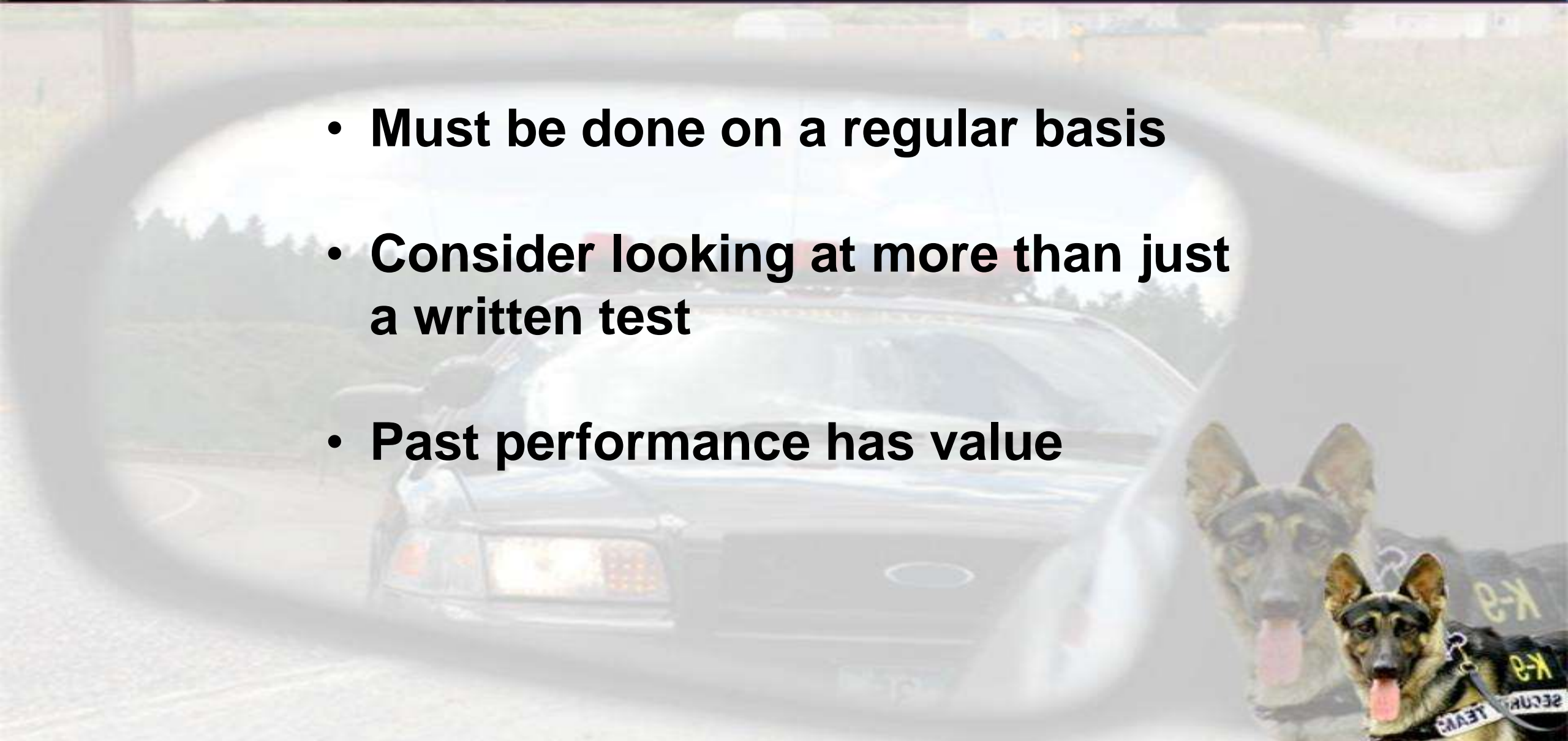









# Promotional Procedures

- **Must be done on a regular basis**
  - **Consider looking at more than just a written test**
  - **Past performance has value**
- 
- 





# A Good System

## PROMOTIONAL PROCEDURES

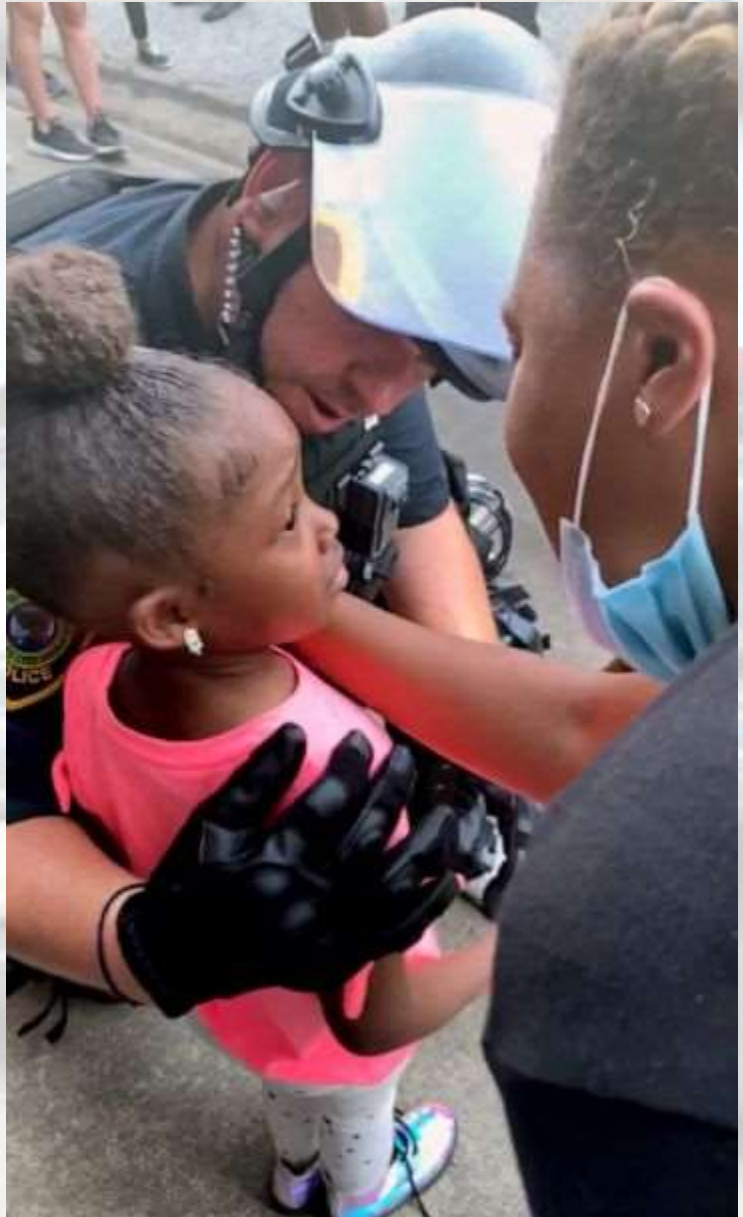
**A. Written Test**

**B. Assessment Center or Structured Oral Board**

**C. Character-Based on Past Performance**



# What It Means For You



# Our Stressed Emergency Safety Net



- ✓ What is the state of our Public Safety Net?
- ✓ How do we deal with family medical emergencies?
- ✓ What do I need to know about EMS?
- ✓ How do we help loved ones get to the ED?
- ✓ How has COVID impacted Law Enforcement?
- ✓ **How has COVID impacted Firefighters?**
- ❑ What should Good Samaritans do in COVID world?



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# Firefighter Family Care





10-20-21

RESEARCH

## Report: On-Duty Firefighter Fatalities in 2020



Last year, more firefighters died in the line of duty than since 2001. Research shows COVID infections are to blame. Plus, a look at the 62 non-COVID-related on-duty firefighter deaths in 2020.

### Half of firefighter deaths were from COVID.

Last year, a total of 140 firefighters in the United States died while on the job—more than double the figure reported in 2019. Of those, 78 are believed to have died from line-of-duty COVID-19 exposures. An additional 62 on-duty firefighter deaths occurred from other causes.



<https://www.cnn.com/2021/10/16/us/police-vaccine-covid-deaths/index.html>

# Training of Firefighters, EMTs, and First Responders





# Our Stressed Emergency Safety Net

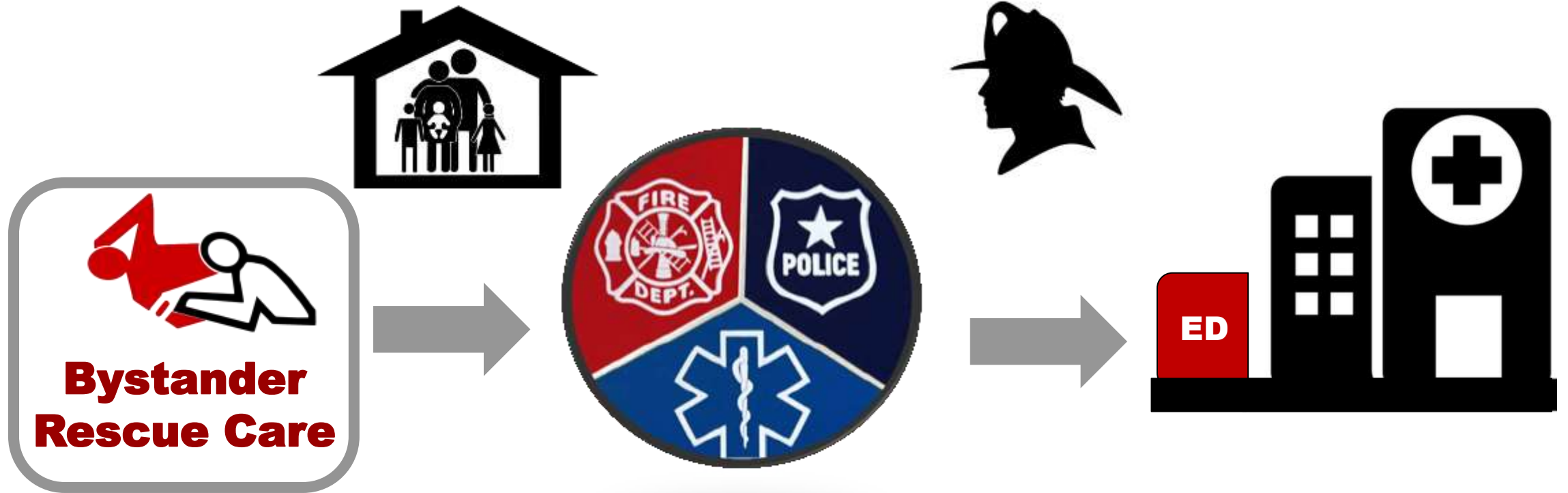


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- ✓ **What should Good Samaritans do in COVID world?**



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# Bystander Rescue Care



# Bystander Rescue Care





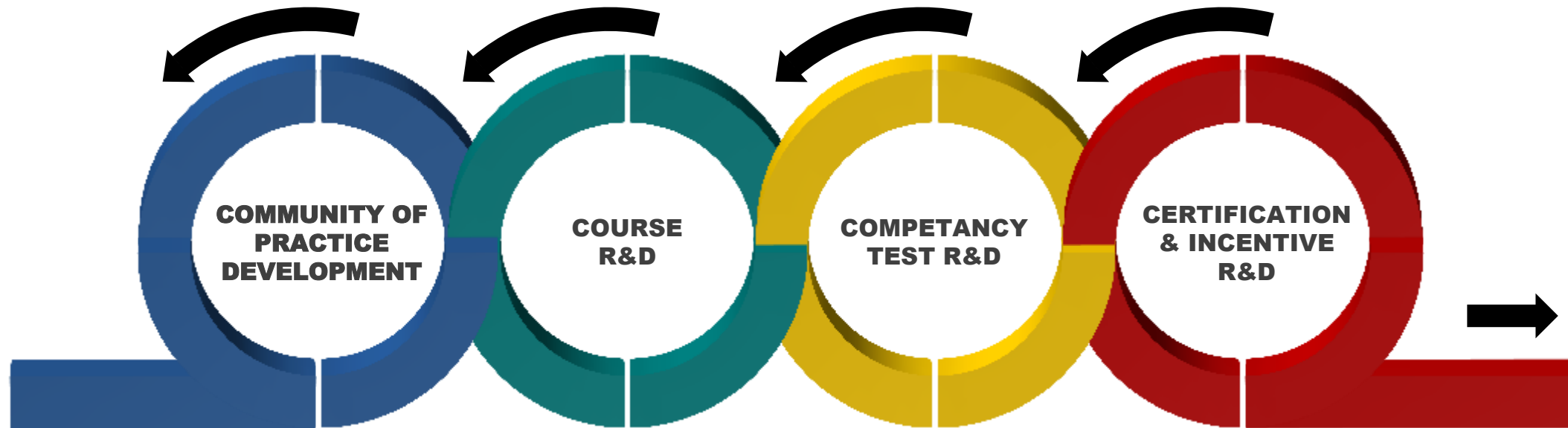


**TMIT Global  
Research Test Bed**



**SafetyLeaders®**

## Learning Management System



# CareUniversity®



## Certificates for Med Tac Program



The screenshot shows the Med Tac website interface. At the top, there is a navigation menu with links for 'About', 'Values & Team', 'Certification Response', 'Recorded Simulations', 'Specialty Programs', 'R&D Surveys & Innovations', and 'CareUniversity'. The main heading is 'Med Tac Bystander Rescue Care'. Below this, there is a 'Video Library' section with a sidebar menu listing various programs: 'Med Tac Story', 'Med Tac Leadership Team', 'Adapt a Good Program', '8 Rights of Emergency Care', 'College and Youth Program', 'Surf & Lifeguard Program', '3 Minutes & Counting Trainer', and 'Opioid Overdose Briefing'. The main content area features a video player titled 'The Med Tac Story' with the Med Tac Global logo. Below the video player, there is a section titled 'The Battle Against Failure to Rescue' with a paragraph of text and a list of high impact care hazards: Cardiac Arrest, Choking & Drowning, Opioid Overdose, Anaphylaxis, Major Trauma, Infection Care, Transportation Accidents, and Bullying. To the right of this list, there is a column of text explaining the importance of bystander care training and the role of Med Tac.

<https://www.medtacglobal.org/>

Cardiac Arrest

Choking & Drowning

Opioid Overdose

Anaphylaxis

Major Trauma

Infection Care

Transportation Accidents

Bullying

**Bystander Care Training** is a critical need in all communities. The preventable deaths we see in the news are the tip of the iceberg. Our program is a Good Samaritan support system to help everyone learn life-saving actions that will save lives.

**High Impact Care Hazards** are conditions that are frequent, severe, preventable, and measurable. We have identified the leading causes of death that strike children, youth, and those in their workforce years. We provide evidence-based bystander care training that can have the greatest impact.

**Bystander Rescue Skills** are the competencies that bystanders can learn that will save lives in the few precious minutes before the professional first responders arrive. Such behaviors can be learned by children, adults, and entire families. We have programs for children, adults, law enforcement, educators, lifeguards, and caregivers.

**Med Tac** is the only integrated program addressing the top causes of death of otherwise healthy children, youth, and adults in the workforce. Med Tac partners with terrific on-site trainers from great organizations who are already in the community.





Cardiac Arrest

Choking & Drowning

Opioid Overdose

Anaphylaxis

Major Trauma

Infections

Transportation Accidents

Bullying

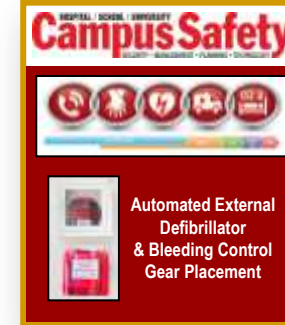
Active Shooter  
Healthcare Article



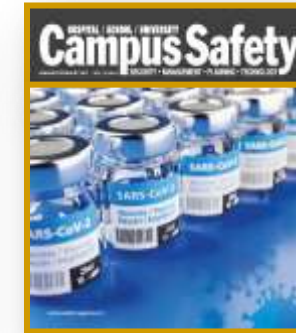
Rapid Response  
Teams Article



AED & Bleeding  
Control Gear Article



Family Safety  
Plan Article



Support today's webinar

Med Tac  
Story Article



A **Medical-Tactical Approach** undertaken by clinical and non-clinical people can have enormous impact on loss of life and harm from very common hazards:

- **High Impact Care Hazards** are frequent, severe, preventable, and measurable.
- **Lifeline Behaviors** undertaken by anyone can save lives.

Take the Shot...  
Save a Life



# High Impact Care Hazards to Patients, Students, and Employees

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<https://www.medtacglobal.org/>

Cardiac Arrest

Choking & Drowning

Opioid Overdose

Anaphylaxis

Major Trauma

Infection Care

Transportation Accidents

Bullying

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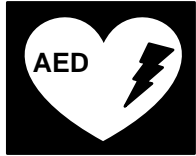
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# The Solution: Bystander Rescue Care

Cardiac Arrest



Choking & Drowning



Opioid OD & Poisoning



Anaphylaxis



Major Trauma



Infection Care



Transportation



Bullying





# The Solution: Bystander Rescue Care

## Cardiac Arrest



**Sudden Cardiac Arrest:** There is an epidemic of SCA with one quarter of the SCA events in children and youth occurring at sporting events. CPR and AED use have a dramatic impact on survival.  
*Possible Lives Saved in the US: 2 every hour and 3 children per day at a sporting event – 25% of SCA deaths in children occur at such events.*

## Choking & Drowning



**Choking:** More than 100,000 lives have been saved with the Heimlich Maneuver. Most choking deaths are preventable.  
*Possible Lives Saved in the US: 13 per day*

**Drowning:** By population, drowning and near drowning events are very common. Since much of the OC population is near water, the numbers are likely much greater.  
*Possible Lives Saved in the US: 8 per day*

## Opioid OD & Poisoning



**Opioid Overdose and Poisoning:** An exploding opioid OD crisis is gripping our nation with a great toll on families. Narcan opioid reversal agents, rescue breathing and positioning, and rapid EMS response saves lives. Awareness drives prevention.  
*Possible Lives Saved in the US: There are 197 OD deaths per day. Up to 8 lives may be saved per hour.*

## Anaphylaxis



**Anaphylaxis & Life Threatening Allergies:** Many events are unreported; however 22% occur in children without a prior diagnosis of allergies. More than one in twenty adults will have an anaphylactic event in their lifetime. Epinephrine auto-injectors save lives within minutes.  
*Possible Lives Saved in the US: 1 per day*

## Major Trauma



**Major Trauma & Bleeding:** Bystander care especially for major bleeding using Stop-The-Bleed techniques of wound pressure, bandages, and tourniquets can have an enormous impact on survival.  
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## Infection Care



**Infection Care:** Epidemics, pandemics, and seasonal infections are a leading cause of death. Prevention, preparedness, protection, and performance improvement strategies and tactics are critical to save lives and inform all Med Tac efforts. They are a feature of all Med Tac Bystander Rescue Care.  
*Possible Lives Incalculable*

## Transportation



**Non-traffic Related Vehicular Accidents:** The incidence of non-traffic related drive-over accidents near schools and home is greater than 50 per week. More than 60% of the drivers are a parent or friend.  
*Possible Lives Saved in the US: Including adults, there are 1,900 deaths per year; many are preventable.*

## Bullying



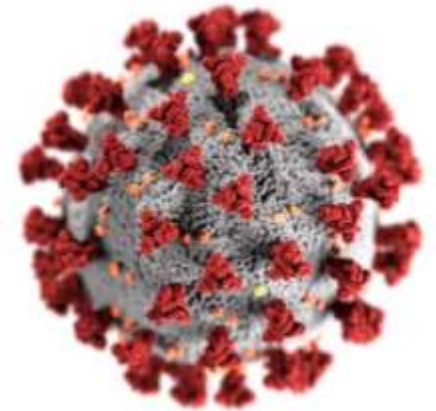
**Bullying & Workplace Violence:** Bullying and abuse of power in schools and at work can lead to suicide, workplace violence, violent intruders, and active shooter events.  
*Possible Lives Saved in the US: Difficult to estimate, however the consensus is that they are likely to be very significant.*

# Med Tac Bystander Rescue Care: The Good Samaritans



## **Gregory H. Botz, MD, FCCM**

**Professor of Anesthesiology and Critical Care  
UT MD Anderson Cancer Center, Houston, TX  
Adjunct Clinical Professor, Department of  
Anesthesiology  
Stanford University School of Medicine,  
Stanford, CA**



## Cardiac Arrest



**Sudden Cardiac Arrest:** There is an epidemic of SCA with one quarter of the SCA events in children and youth occurring at sporting events. CPR and AED use have a dramatic impact on survival.

***Possible Lives Saved in the US: 2 every hour and 3 children per day at a sporting event – 25% of SCA deaths in children occur at such events.***

## COVID-19 and Adult CPR

If an adult's heart stops and you're worried that they may have COVID-19, you can still help by performing Hands-Only CPR.



### Step 1



Phone 9-1-1 and get an AED.

### Step 2



Cover your own mouth and nose with a face mask or cloth.



Cover the person's mouth and nose with a face mask or cloth.

### Step 3



Perform Hands-Only CPR. Push hard and fast on the center of the chest at a rate of 100 to 120 compressions per minute.

### Step 4



Use an AED as soon as it is available.

KJ-1424 4/20 © 2020 American Heart Association



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## Choking & Drowning



**Choking:** More than 100,000 lives have been saved with the Heimlich Maneuver. Most choking deaths are preventable.

*Possible Lives Saved in the US: 13 per day*

**Drowning:** By population, drowning and near drowning events are very common. Since much of the OC population is near water, the numbers are likely much greater.

*Possible Lives Saved in the US: 8 per day*



## Opioid OD & Poisoning



**Opioid Overdose and Poisoning:** An exploding opioid OD crisis is gripping our nation with a great toll on families. Narcan opioid reversal agents, rescue breathing and positioning, and rapid EMS response saves lives. Awareness drives prevention.

***Possible Lives Saved in the US: There are 197 OD deaths per day. Up to 8 lives may be saved per hour.***

## SAVE A LIFE. GET NALOXONE.

Naloxone stops an overdose caused by opioid pain medication, methadone or heroin.

People at risk for overdose and their family and friends can learn to spot an overdose and respond to save a life.

To get naloxone, present this card to the pharmacy staff.

A



### MULTI-STEP NASAL SPRAY

**DIRECTIONS:** Spray 1 mL (half of the syringe) into each nostril.

NO BRAND NAME/GENERIC

COST: \$-\$\$

B



### SINGLE-STEP NASAL SPRAY

**DIRECTIONS:** Spray full dose into one nostril.

BRAND NAME: Narcan

COST: \$\$\$

C



### INTRAMUSCULAR INJECTION

**DIRECTIONS:** Inject 1 mL in shoulder or thigh.

NO BRAND NAME/GENERIC

COST: \$-\$\$

D



### AUTO-INJECTOR

**DIRECTIONS:** Use as directed by voice-prompt. Press black side firmly on outer thigh.

BRAND NAME: Evzio

COST: \$\$\$\$\*

\*Coupons available, see evzio.com for more info

**FOR ALL PRODUCTS,** repeat naloxone administration after 2–3 minutes if there is no response.

Most insurance will cover at least one of these options, or you can pay cash. All products contain at least two doses

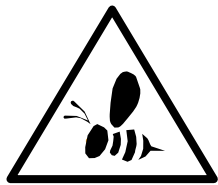
For more on opioid safety, videos on how to use naloxone, or to get help for addiction, go to [PrescribetoPrevent.org](https://www.PrescribetoPrevent.org)

Used with permission from Boston Medical Center





## Anaphylaxis



**Anaphylaxis & Life Threatening Allergies:** Many events are unreported; however 22% occur in children without a prior diagnosis of allergies. More than one in twenty adults will have an anaphylactic event in their lifetime. Epinephrine auto-injectors save lives within minutes.  
***Possible Lives Saved in the US: 1 per day***

## How To Use An EpiPen

EpiPen is used for severe lifethreatening allergic reactions.

### Signs & Symptoms

Lungs: Chest tightness, cough that will not stop. Wheezing or shortness of breath.

Heart: Lightheaded feeling, fainting, weak pulse, or low blood pressure

Throat: Tightness of throat, hoarse/scratchy throat or drooling.

Mouth: Swollen tongue or lips

Skin: Swelling or severe itching or hives

1

Form FIST around EpiPen® and PULL OFF BLUE SAFETY RELEASE



2

Place orange end HARD into outer thigh so it 'CLICKS' and HOLD for 10 seconds.



3

Remove EpiPen & massage injection site for 10 seconds.



4

After using EpiPen. MUST seek Medical Attention



### References

[www.nationwidechildrens.org](http://www.nationwidechildrens.org)  
[www.pharmacydirect.co.nz/epipen-adult.html](http://www.pharmacydirect.co.nz/epipen-adult.html)

By: Manjit Gill RN BSN

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**STOP THE BLEED™ SAVE A LIFE**

**1 APPLY PRESSURE WITH HANDS**

**2 APPLY DRESSING AND PRESS**

**3 APPLY TOURNIQUET**

**WRAP WIND SECURE TIME**

**CALL 911**

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Med Tac Rescue Skill

### CLEAN A CUT – SAVE A LIFE

1 CLEAN ONLY WITH SOAP AND WATER	2 APPLY ANTIBIOTIC OINTMENT TO CUT
	
3 BANDAGE TO WOUND KEEP CLEAN	4 IF HURTS MORE ON DAY 2 - SEE DOCTOR
	

**Clean A Cut – Save A Life:** The pathogens of today are very resistant to antibacterial agents and can progress to life-threatening sepsis. So minor cuts and scrapes must be treated immediately and watched closely. Such wounds need to be cleaned quickly, only with soap and water. Alcohol or hydrogen peroxide will harm healing and they harm the infant cells critical to closing the wound.



## Transportation



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The incidence of non-traffic related drive-over accidents near schools and home is greater than 50 per week. More than 60% of the drivers are a parent or friend.

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## Bullying



# Family Lifeguard Update for 2022



**David Beshk**

**Award Winning Educator  
Med Tac Master Instructor  
Eagle Scout Advisor  
Merit Badge Counselor**



**Charles R. Denham III**

**High School Student  
Co-founder Med Tac Bystander  
Rescue Care Program  
Co-lead Lifeguard Surf Program  
Junior Med Tac Instructor  
Certified Lifeguard**





# Be Your Family Lifeguard

90% Prevention and 10% Rescue



## Family Huddle Checklist

### The Goal - Prevent Bubble Trouble

Maintain the Four Pillars: Distance, Mask Use, Hand Hygiene, and Disinfect Surfaces.

#### Before Event:

- Consider Rapid Antigen Testing
- Identify how to Optimize Ventilation
- Determine how to protect At-Risk Members
- Assign Tasks to Family Members
- Prepare Separate Family Bubble Portions
- Set Up Handwashing Stations
- Develop a Bathroom Plan
- Prepare Bathroom – Optimize Ventilation
- Maintain Kitchen Hygiene

#### During Event:

- Convene Holiday Huddle with Guests
- Opening Prayer
- Describe Safe Family Bubbles
- Review Four Safety Pillars
- Provide Restroom Plan
- Describe Eating Plan
- Summarize Clean Up Plan

#### After Event:

- Glove up to Clean Up
- Soak Plates and Cutlery in Soapy Water
- Wipe down surfaces touched by guests
- Wipe down bathroom used by guests
- Meet to de-brief to be safer next time



# Safe Practices



**Social  
Distancing**



**Use of  
Masks**



**Hand  
Washing**



**Disinfecting  
Surfaces**

SOURCE: Centers for Disease Control





# Holidays, Spring Break, Ski Week, and Vacations



## Family Huddle Checklist

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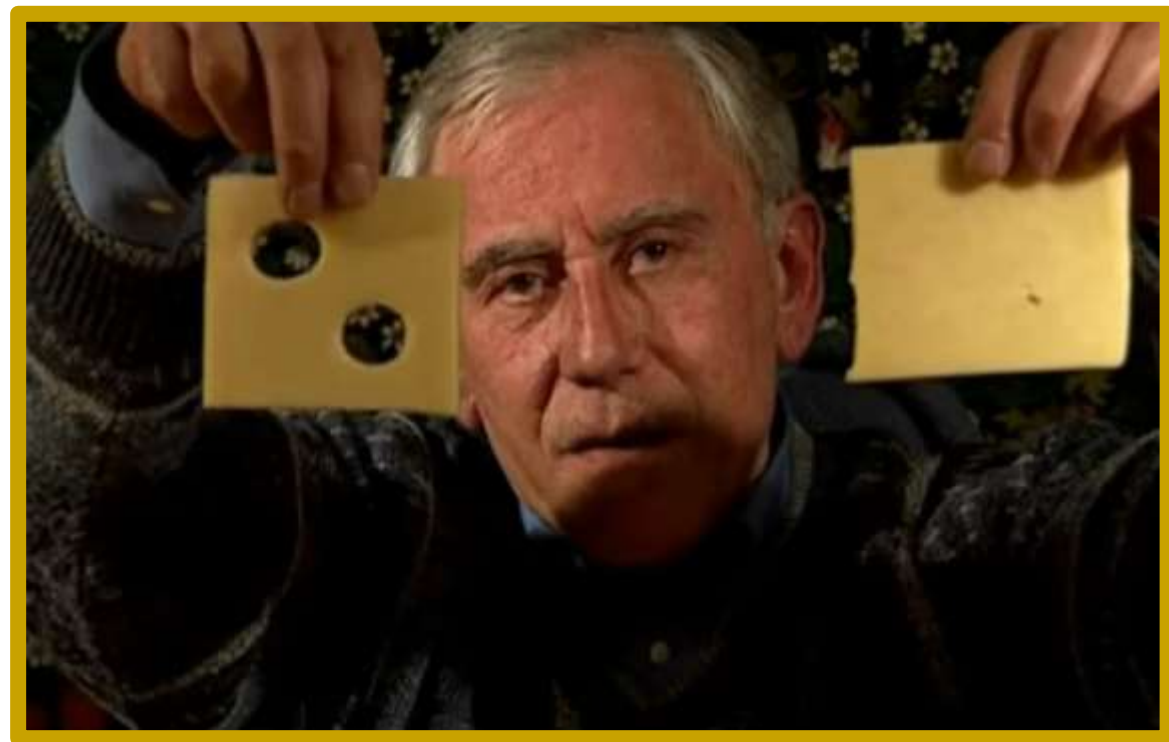
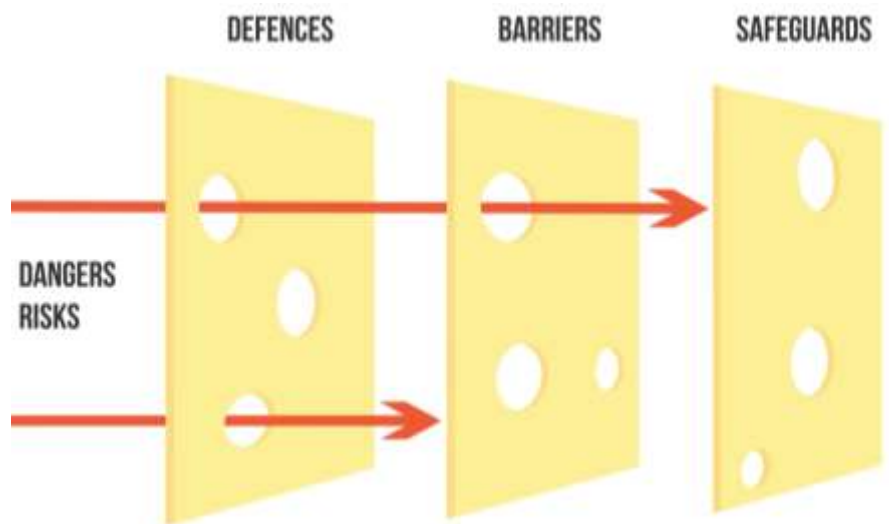
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# SWISS Cheese Model



**Professor James Reason**

Source: <https://www.youtube.com/watch?v=KND5py-z8yl>

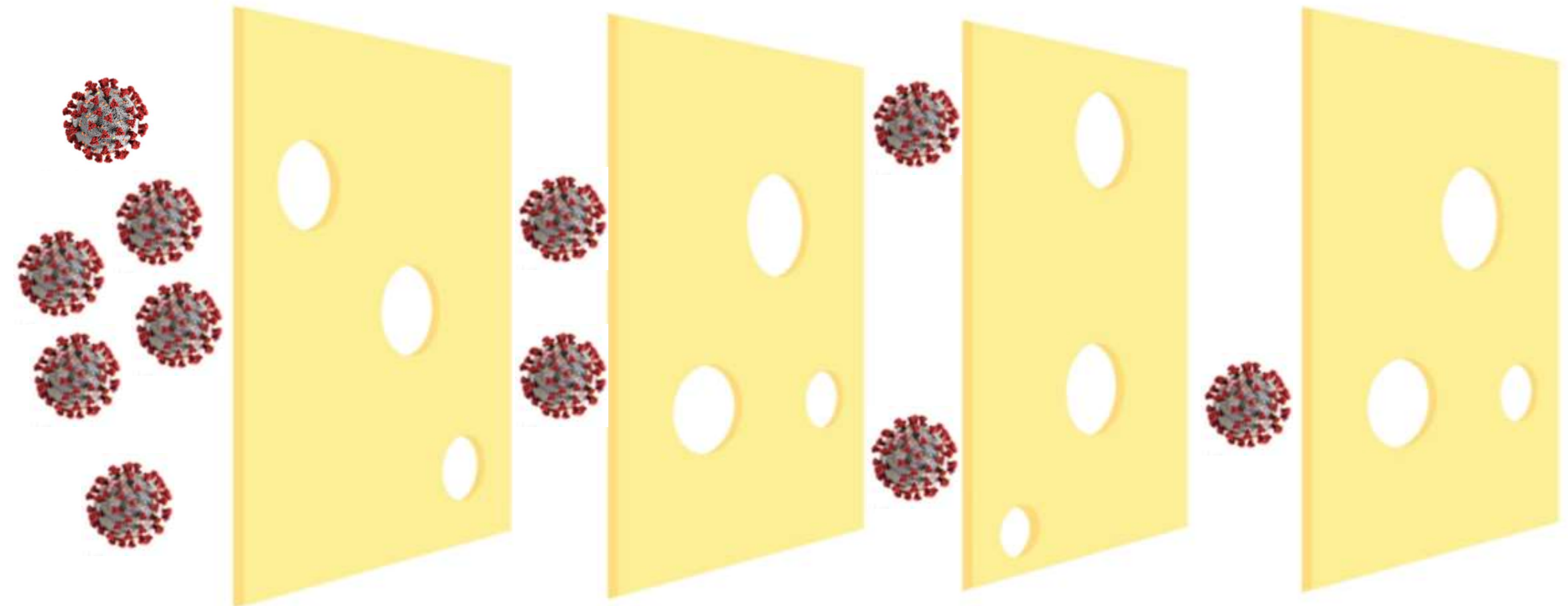
# COVID Defense Strategies

**Social Distancing**

**Masks**

**Ventilation**

**TESTING**





## Speakers & Reactors



Jennifer Dingman



Dr. Gregory Botz



Chief William Adcox



Dr. Christopher Peabody



Charlie Denham III



Dr. Brittany Barto-Owens



Vicki King MS



David Morris PhD JD



David Beshk



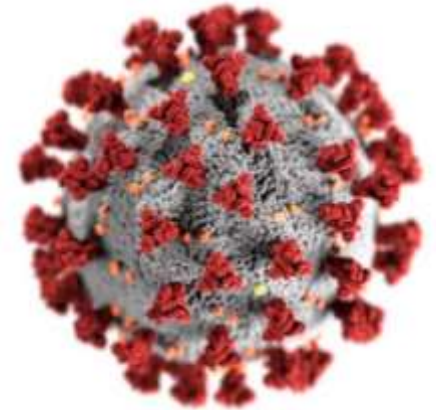
Dr. Charles Denham

## ***Voice of the Patient***



### **Jennifer Dingman**

**Founder, Persons United Limiting  
Substandard and Errors in Healthcare  
(PULSE), Colorado Division  
Co-founder, PULSE American Division  
TMIT Patient Advocate Team Member  
Pueblo, CO**



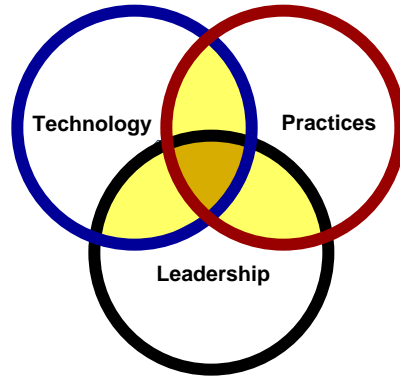
# ***Additional Resources***



# The High Performance Envelope

## High Performance Envelope:

Technology-Practices-Leadership Sphere Intersection



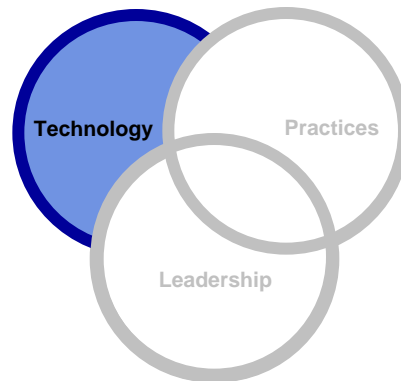
## Drive Power through High Performance Envelope:

Technology-Practices-Leadership Sphere Intersection

- **Leadership at Multiple Levels Key –Dept, C Suite, and Governance:** Highest performance is generated when all three levels of leadership are engaged in delivering high performance. Safety being an intrinsic property of high performance and the life blood of delivering high value accountable care..
- **Department Level Leadership:** Compliance with practices is absolutely dependent on dept level managers (Joint Commission data has revealed this).
- **C Suite Level Leadership:** C Suite is critical to “In Budget” Funding Allocations light green dollars (capacity).
- **Governance Board Leadership:** New “Out of Budget” Allocations of Funds are available with engagement of governance board supporting C Suite. Safety is key to boards!
- **Transformational Improvement:** Is absolutely impossible without engagement of leaders, predictable safe practices, and technologies to enable them.

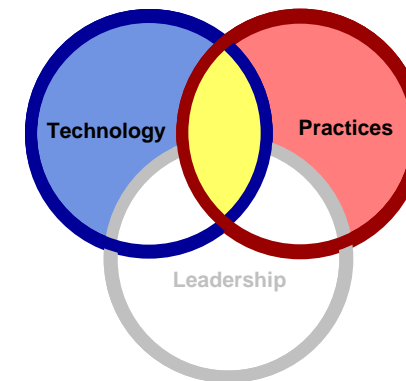
## Technology Alone:

- **Magical Thinking:** One of the most common pitfalls is to suffer “magical thinking” regarding a new medication, device, technology, or service. The chains of habit are too light to be felt until they are too heavy to break. The healthcare ecosystem is littered with the bodies of those who have bet their companies, healthcare organizations, and careers on technology alone. Without enabling best practices with leadership engagement, many technologies fail alone.



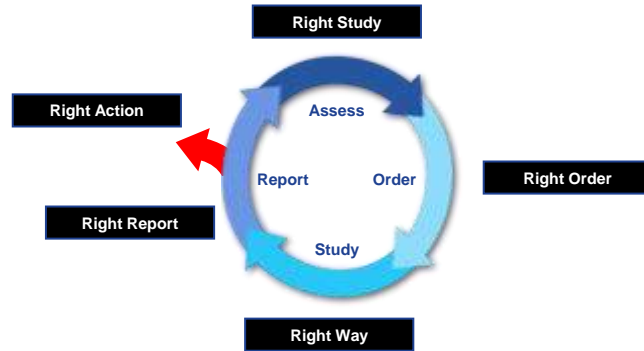
## Technology & Practices Alone:

- **Leadership is the Vital Ingredient for Sustainable Success:** The data shows that even when evidence based best practices are enabled by the right technologies, that sustainable performance is uncertain. Most importantly, without engaged leaders at macro-level (governance and C Suite), meso-level (dept directors), and micro-level (at tech level) optimal compliance and reliability is not possible.



# The 5 Rights of Imaging, Risk, and Consultative Radiology

## The 5 Rights of Imaging Children™



## The 5 Rights of Imaging Children™

- **Big Surprises:** 10% of all imaging is of children, however 90% of that imaging is done at non-child focused facilities and sites.
- **Translation to Adults:** ALL of the quality improvement and safety interventions are directly applicable to adults.
- **Powerful Lever at the Frontline:** When it comes to child safety, ROI, the business case, and budgets are not powerful barriers to prevent purchasing of improvement services and products.

## Risk and Consultative Radiology

- **Radiation Risk:** It is not likely that there will ever be full consensus on the amount of radiation that causes harm, however 100% of physicists and leaders agree that it should be minimized and tracked.
- **Study and Order Risk:** A major area of malpractice risk to primary care and internal medicine physicians is in study selection/ordering.
- **Reporting Risk:** Another major area of risk is that of report tracking and action on results.
- **Care Action Risk:** Downstream referral and the closing of info-circuits is also an area of risk.

