• Prehospital EMS has no universal culture of quality or widespread incorporation of quality improvement

• Proven or promising practices from engineering and manufacturing disciplines have not been exploited

• Federal initiatives have not yielded a comprehensive approach to assess or improve patient safety

• Prompting of states’ ability to regulate quality and patient safety into place must occur
• Regionalization: Markets or Mandates
  — National or Local?
  — The Front Door or the Back Door?
  — Outputs or Inputs?
  — Real or Virtual Networks?
  — The Law of Supply and Demand
QUALITY & PATIENT SAFETY

1. EMERGENCY DEPARTMENTS: barometers of the health care system’s health

2. SENIORS: impacted most by ED crowding

3. BEHAVIORAL HEALTH PATIENTS: overlooked and vulnerable in the ED

4. EMTALA: never forget why we have it

5. AMBULANCE DIVERSION STATEWIDE BAN: one possible successful solution