EMS 2020: A multi-year SWOT and Financial Analysis of Georgia's Emergency Medical Services System

Follow this and additional works at: https://digitalcommons.georgiasouthern.edu/jgpha

Part of the Public Health Commons

Recommended Citation
Available at: https://digitalcommons.georgiasouthern.edu/jgpha/vol7/iss1/50

This conference abstract is brought to you for free and open access by the Journals at Digital Commons@Georgia Southern. It has been accepted for inclusion in Journal of the Georgia Public Health Association by an authorized administrator of Digital Commons@Georgia Southern. For more information, please contact digitalcommons@georgiasouthern.edu.
EMS 2020: A multi-year SWOT and financial analysis of Georgia’s emergency medical services system

Charles Owens, MSA
Georgia Southern University: Center for Public Health Practice and Research

Corresponding author: Charles Owens, MSA ● Georgia Southern University: Center for Public Health Practice and Research ● P O Box 8015, Statesboro, GA 30460 ● 912-478-2674 ● cowens@georgiasouthern.edu

Background: As Georgia’s Emergency Medical Services (EMS) system approaches 50 years in operation, the Georgia EMS Association and Georgia Southern University’s Center for Public Health Practice and Research began an evaluation of the strengths, weaknesses, opportunities, and threats facing Georgia’s EMS system.

Methods: During the first year of the study, eight meetings were held across Georgia involving EMTs, physicians, hospital administrators, emergency planners, and state policy makers to identify strengths, weaknesses, opportunities, and threats facing the system.

Results: Results obtained during the first year of this study offered valuable insight into current and future factors affecting the ability of Georgia’s EMS system to provide effective care to an expanding population.

Conclusions: Quality of care, financial solvency, community paramedicine models, and reimbursement strategies were discussed and numerous strategies were evaluated to improve EMS operations in both urban and rural populations.

Key words: EMS, emergency medicine, reimbursement, profitability

https://doi.org/10.21633/jgpha.7.151