The Secret Ingredient

What we did to update
AMR of West Michigan
Cannon Township Fire Department
Cascade Township Fire Department
Gerald R. Ford International Airport
Grand Rapids Fire Department
Grand Rapids Township Fire Department
Grandville Fire Department
Grattan Township Fire Department
Kent County Sheriff’s Department
Kentwood Fire Department
Life EMS
Metro Health University of Michigan
Mercy Health
Oakfield Fire Department
Rockford Ambulance
Spectrum Health
Wyoming Fire Department
The elephant in the room
The Secret Ingredient
Objectives

How did we identify our systems needs?

What was the process?

Our focus moving forward
Asking the right questions

Changing the way we normally do things

“How may I help?” vs. “Tell me about......”
MCI Plan

So, how big is yours?
Finding the right people

This was the most important question that we asked
Getting together

Have you ever........
What we were able to create
First Arriving Actions

First arriving units should fill the roles below in order based on seniority and experience with roles after consulting with either the Incident Commander or the Medical Branch if assigned.

<table>
<thead>
<tr>
<th>First unit on scene:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Branch: Name of Individual</td>
</tr>
<tr>
<td>Triage Supervisor: Name of Individual</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Second unit on scene:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment Supervisor: Name of Individual</td>
</tr>
<tr>
<td>Transport Supervisor: Name of Individual</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>All additional responding units:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact the Medical Branch or the Staging Officer (if assigned) for assignments and locations to respond.</td>
</tr>
<tr>
<td>Consult the Staging Responding Unit card for more information</td>
</tr>
<tr>
<td>Possible assignments include transporting unit, assignment to treatment or triage section.</td>
</tr>
</tbody>
</table>

If a more experienced provider arrives on scene it may be beneficial to transfer the assignment to that individual. If this does occur, the Unified Incident Command and the agency’s communication center must be notified of the change.
# Suggested Communication Channels for Large Incidents

<table>
<thead>
<tr>
<th>Channel Number</th>
<th>Function</th>
<th>Channel Name</th>
<th>Alternative Channel</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Unified Incident Command</td>
<td>KCInterop</td>
<td></td>
<td>Unified Incident Command</td>
</tr>
<tr>
<td>2</td>
<td>Medical Command</td>
<td>VMEDTAC</td>
<td></td>
<td>Medical Branch Director</td>
</tr>
<tr>
<td>3</td>
<td>Triage Unit</td>
<td>VTAC11</td>
<td></td>
<td>Triage Patient Count and Priority</td>
</tr>
<tr>
<td>4</td>
<td>Treatment Unit</td>
<td>UTAC41</td>
<td></td>
<td>EMS &amp; Fire Treatment Coordination</td>
</tr>
<tr>
<td>5</td>
<td>Transport Unit</td>
<td>UTAC41</td>
<td></td>
<td>EMS &amp; Fire Transport Coordination</td>
</tr>
<tr>
<td>6</td>
<td>Staging Unit</td>
<td>VCALL10</td>
<td></td>
<td>Staging area manager and all incoming resources</td>
</tr>
</tbody>
</table>
Tasks

☐ Determine Disaster Plan Level and advise agency’s Communication Center and who is Medical Branch Command

Level 1: 4-9 patients  
Level 2: 10-24 patients  
Level 3: 25+ patients

☐ Do not get involved in patient care and stay with your vehicle or the Unified Incident Command (UIC) location to access all radio channels and advise of any updates

☐ Determine if there are any hazards, if so notify agency communication center & UIC to stage resources as appropriate

☐ Update UIC and agency’s communication center every 15 minutes, or sooner if necessary, to provide updates and resource notifications. Updates should include the information below as needed and any additional information:

- Notifications about hazards on scene and best routes of ingress and egress for all responding units
- Provide location of the Unified Incident Command Center (UIC) to the agency’s communication center
- Notification of any radio frequency changes
- Provide location of Staging for responding units if needed based on the size of the incident
- For larger incidents consult with UIC of radio frequencies to use or refer to Communications tab for initial frequencies
- Consider requesting RACES to be sent to the scene for plan 2 or plan 3 incidents

☐ Request a bed poll from the local hospitals through Resource or agency communication center & then document counts on the “Hospital Count” page in the Transport Section. Ensure information is relayed to the Transportation Supervisor if assigned.
Medical Branch Command

Tasks (cont)

☐ Delegate and record Triage, Treatment, and Transport Supervisors, ensure all equipment and supplies are given out.
  - Provide overview of Incident Action Plan (IAP)

☐ When assigning the roles ensure you provide the following information:
  - Impression of the number and the types of patients (burns, explosion, chemical, etc.)
  - Ensure triage is being done and that treatment points are established for IMMEDIATE, DELAYED, MINIMAL & EXPECTANT/DEAD if not establish locations.
  - Confirm radio frequencies for the Triage, Transport, and Staging Supervisor & conduct radio check
    Medical Branch Command Channel: ____________________________
    Triage Supervisor Channel: ____________________________
    Treatment Supervisor Channel: ____________________________
    Staging Supervisor Channel: ____________________________
  - Obtain Treatment logs, writing instruments, and treatment area identification markers

☐ Collect Accountability Tags from all responders assigned to roles

☐ Ensure all resource requests are passed on and filled as soon as available.

☐ When appropriate turnover role to higher trained individual & advise UIC & agency's communication center of transition.
Ensure that this information is relayed to the UIC and your agency's communication center for EMResource notifications and updates

- Confirmation of location of call
- Plan level and resources needed
- Individual who is the Medical Branch Command Supervisor
- Actual patient counts when available, or estimated numbers with initial notification
- Notify when all Priority 1 (ECHO) patients have been transported from the scene
- Notify when all patients have been transported from the scene
- Notify your agency's communication center when the incident has ended.
<table>
<thead>
<tr>
<th>Request Number</th>
<th>Requested From</th>
<th>Requested Time</th>
<th>PERSONNEL</th>
<th>When Needed</th>
<th>Time Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>(example)</td>
<td>Unified Incident Command (UEC)</td>
<td>8:00</td>
<td>3 ALS, 17 BLS</td>
<td>ASAP</td>
<td>8:12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Request Number</th>
<th>Requested From</th>
<th>Requested Time</th>
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<td>(example)</td>
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<td>8:00</td>
<td>3 ALS, 17 BLS</td>
<td>ASAP</td>
<td>8:12</td>
</tr>
</tbody>
</table>
When accepting assignment from the Medical Branch Director make sure you have the following information

- Review the Incident Action Plan
- Impression of the number and the types of patients (burns, explosion, chemical, etc.)
- Ensure triage is being done and that treatment points are established for IMMEDIATE, DELAYED, MINIMAL & EXPECTANT/DEAD if not establish locations.
- Confirm radio frequencies for the Medical Command, Triage, Transport, & Staging Supervisor. Conduct radio check
  Medical Incident Command Channel: ___________________________
  Triage Supervisor Channel: ___________________________
  Treatment Supervisor Channel: ___________________________
  Staging Supervisor Channel: ___________________________
- Obtain treatment logs, writing instruments, and treatment area identification markers

Leave Accountability Tag with Medical Branch Director

Collect Accountability Tags from all responders assigned to Triage Section

Set up Triage Teams and assign then to a location in the incident and assign them a radio channel and triage kits

Instruct triage team members to place triage tags or appropriate color surveyor’s tape on each patient to prevent re-triage
Tasks (cont)

☐ Determine need for additional resources and request them from the Medical Branch Director

☐ Request a PAR as necessary from staff triaging in the field

☐ Tally a list and location of all IDME patients. Update the Medical Branch Director and complete Triage Count Log

☐ Ensure all IDM patients receive a Regional triage tag & are transported to the appropriate collection/treatment points

☐ Once all IDM patients are triaged and transported to collection points consider reevaluating EXPECTANT patients and transport to treatment area.

☐ Leave all dead patients where they are located unless instructed to do differently by UIC law enforcement representative

☐ Once all triage activities are completed, ensure an accurate PAR is completed with all Triage members

☐ Advise Medical Branch Director that function is completed and await direction on additional duties. Have triage members return to staging area for additional deployment unless other orders are received.

☐ Return accountability tags to members once they are assigned to a different operational area.
**Triage**

**Location of Treatment Points:**

- **Immediate Treatment Point:**
- **Delayed Treatment Point:**
- **Minimal Treatment Point:**
- **Expectant Treatment Point:**

**Notes:**
### Triage - Patient Count

| Category | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 |
|----------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| Immediate|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Delayed  |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Minor    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Expectant|    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Dead     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
Treatment Supervisor

Tasks

☐ When accepting assignment from the Medical Branch Director make sure you have the following information
  - Impression of the number and the types of patients (burns, explosion, chemical, etc.)
  - Confirm Triage is being done and that treatment points are established for IMMEDIATE, DELAYED, MINIMAL & EXPECTANT
  - Confirm radio frequencies for the Medical Branch, Triage, Transport, & Staging Supervisor. Conduct radio check
    Triage Supervisor Channel: ____________________________
    Treatment Supervisor Channel: _________________________
    Staging Supervisor Channel: __________________________
  - Obtain Treatment logs, writing instruments, triage tags, and treatment area identification markers

☐ Leave your accountability tag with the Medical Branch Director before leaving Incident Command location

☐ Identify where Treatment Points are located and ensure that they are:
  - Close enough that patients can be carried there
  - Far enough away that the risk for danger is minimized.
  - Room for reported number of patients, and ability to expand area if necessary
  - Identified area for each type of patient.
  - Consider availability for shelter.

☐ Collect Accountability Tags from all responders assigned to Treatment Section
Make sure treatment areas are identified and that there is plenty of room between areas.

Ensure all patients are decontaminated and have Regional triage tags prior to entering the treatment areas.

Request additional staff as soon as possible and assign individual treatment area leaders and turn over patient care duties as soon as able.

IMMEDIATE Team Leader: ____________________________
DELAYED Team Leader: ____________________________
MINIMAL Team Leader: ____________________________

Ensure that each Team Leader has a Treatment Log to place Triage Tag Stickers for each patient seen in their area.

Consider requesting additional personnel as treatment areas become busier. No more than 7 staff per team leader.

Provide regular updates to Medical Branch Director and Transport Supervisor.

Assess needs for equipment and personnel. Request resources from Medical Branch Director as needed.

Ensure that all ambulance, buses, & alternative modes check out with the Transportation Supervisor before departing the scene.
### Treatment Personnel Request Log

<table>
<thead>
<tr>
<th>Request Number</th>
<th>Requested From</th>
<th>Requested Time</th>
<th>PERSONNEL</th>
<th>When Needed</th>
<th>Time Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>(example)</td>
<td>Medical Branch Director (MDs)</td>
<td>8:00</td>
<td>3 ALS, 2 ACLS</td>
<td>ASAP</td>
<td>8:12</td>
</tr>
</tbody>
</table>

### Treatment Equipment Request Log

<table>
<thead>
<tr>
<th>Request Number</th>
<th>Requested From</th>
<th>Requested Time</th>
<th>EQUIPMENT</th>
<th>When Needed</th>
<th>Time Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>(example)</td>
<td>Medical Branch Director (MDs)</td>
<td>8:05</td>
<td>12 Bedslide with steps</td>
<td>ASAP</td>
<td>8:12</td>
</tr>
</tbody>
</table>
Staging Supervisor

Tasks

- When accepting assignment from the Medical Branch Director make sure you have the following information:
  - Confirm radio frequencies for the Medical Branch, Triage, Transport, & Staging Supervisor. Conduct radio check.
    - Triage Supervisor Channel: ________________________________
    - Treatment Supervisor Channel: ________________________________
    - Staging Supervisor Channel: ________________________________

- Utilize VCALL 10 for radio traffic to all responding units

- Coordinate with the Transport Supervisor on UTAC41 or UTAC 11, or other assigned frequency

- Designate a location for staging, taking into consideration:
  - Ingress and egress routes
  - Area large enough for the number of vehicles that are expected and ability to expand
  - Location that is close enough to the scene for rapid response to transport area, but far enough away not to interfere with operations.

- Request additional units through Medical Branch Director, or as identified based on needs of operational divisions.
  - Plan ahead, can always release units not needed.

- Provide regular updates to the Medical Branch Director
Staging Responding Unit

Tasks

- Incoming unit must contact Staging Supervisor on assigned radio channel, VCALL 10 unless otherwise assigned, when approximately 1 mile from the staging area for information about ingress route and location of staging. Unit must advise Staging Supervisor when they have arrived at staging.

- Transporting unit personnel must stay with their vehicles while awaiting an assignment. All assignments will come across assigned radio channel or in person.

- Units must transport to the hospital assigned to them by the Transport Supervisor. **No Deviations are permitted**

- Units must complete documentation as dictated by their company policies. All patients must have name, DOB, and triage tag barcode documented.

- When transporting, units will send EMTrack notifications for all patients on-board. If EMTrack is unavailable, utilize MedComm Channel.

- Units clearing hospitals will not automatically report back to the Disaster/MCI scene. Direction will come from agency’s communication center or Unified Incident Command.
<table>
<thead>
<tr>
<th>Request Number</th>
<th>Requested From</th>
<th>Requested Time</th>
<th>EQUIPMENT</th>
<th>When Needed</th>
<th>Time Received</th>
</tr>
</thead>
<tbody>
<tr>
<td>(example)</td>
<td>Medical Director (MD)</td>
<td>08:55</td>
<td>10 ACL Ambulances</td>
<td>ASAP</td>
<td>08:23</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Request Number</th>
<th>Requested From</th>
<th>Requested Time</th>
<th>EQUIPMENT</th>
<th>When Needed</th>
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<td>(example)</td>
<td>Medical Director (MD)</td>
<td>08:55</td>
<td>10 ACL Ambulances</td>
<td>ASAP</td>
<td>08:23</td>
</tr>
</tbody>
</table>
Transport Supervisor

Tasks

☐ When accepting assignment from the Medical Branch Director make sure you have the following information:
  - Initial estimated number of patients
  - Ensure that a local hospital bed count has been requested
  - Communicate with hospital(s) the estimated number of patients and priorities
  - Use Transport Log to document how many patients each hospital can accept and track patient departures by facility
  - Ensure there is defined ingress and egress for transporting units and advise Medical Branch Director and Staging Supervisor
  - Confirm radio frequencies for the Triage, Transport, and Staging Supervisor & conduct radio check
    Triage Supervisor Channel: 
    Treatment Supervisor Channel: 
    Staging Supervisor Channel: 

☐ Leave Accountability tag with the Medical Branch Director

☐ Multiple radio frequencies are required for this role. Ensure you have a RACES member assigned to you, or ensure your unit is with you so you may use both portable and mobile radios. Ensure you are able to communicate with the local hospitals (if needed, most communications to hospitals should be done by transporting units).

☐ Ensure you have access to EMResource for hospital bed availability and sending messages as needed.
Transport Supervisor

Tasks (cont.)

☐ Ensure all patients are distributed appropriately to the local hospitals based on bed availability and acuity.

☐ As Transportation Supervisor you need to remain in one set location. Make certain you establish the Transport Section in close proximity to the Treatment Section.

☐ If you are unable to keep up with radio communications, transport traffic, and recordkeeping request a scribe from from the Medical Branch Director

☐ Maintain regular communications with the Staging Supervisor and request transporting units as needed.

☐ Provide regular updates to the Medical Branch Director on patients transported from the scene.

☐ Provide an update to the Medical Branch Director when all IMMEDIATE patients have been transported from the scene.

☐ Once all living patients have been transported from the scene notify the Medical Branch Director.

☐ Handling and tracking deceased patients:
  - All deceased patients need to be triaged and tagged on tracking form & EMTrack
  - Ensure Medical Examiner, or law enforcement, has been called to the scene to take custody of any DEAD patients prior to termination of command.
## Transport - Hospital Count

Circle the number they can take and then "x" out numbers when patients are sent out

| Hospital #1 Name: | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| Hospital #2 Name: | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| Hospital #3 Name: | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| Hospital #4 Name: | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |

26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

| Hospital #5 Name: | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| Hospital #6 Name: | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| Hospital #7 Name: | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| Hospital #8 Name: | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 |

26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50
<table>
<thead>
<tr>
<th>Triage Tag</th>
<th>Gender</th>
<th>Injuries</th>
<th>Triage Color</th>
<th>Destination</th>
<th>Transport Agency</th>
<th>Unit Number</th>
<th>Departure Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>(example)</td>
<td>M/F</td>
<td>Brief Description</td>
<td>Red, Yellow, Green</td>
<td>Hospital or other location</td>
<td>Ambulance, Air Ambulance</td>
<td>123</td>
<td>8:22</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</table>
## Resource Page

<table>
<thead>
<tr>
<th>Resources</th>
<th>Contact Methods</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Kent County Hospital Contact</strong></td>
<td></td>
</tr>
<tr>
<td>Spectrum Health (Butterworth, Blodgett &amp; Helen Devos Children’s)</td>
<td>(616) 391-5319</td>
</tr>
<tr>
<td>Mercy Health St. Mary’s</td>
<td>(616) 685-3077</td>
</tr>
<tr>
<td>Mercy Health Southwest</td>
<td>EMTrack or MedCom Channel</td>
</tr>
<tr>
<td>Metro Health</td>
<td>(616) 252-6900</td>
</tr>
<tr>
<td><strong>Kent County Resources</strong></td>
<td></td>
</tr>
<tr>
<td>Kent County Dispatch Center</td>
<td>(616) 632-6357</td>
</tr>
<tr>
<td>City of Grand Rapids Communication Center</td>
<td>(616) 456-3434</td>
</tr>
<tr>
<td>HazMat Incidents - Grand Rapids Fire Department &amp; Kentwood Fire Department</td>
<td>Contact Communication Centers</td>
</tr>
<tr>
<td>MMRS Oxygen Trailer (located at Walker Fire Department)</td>
<td>Contact Communication Centers</td>
</tr>
<tr>
<td>MMRS Disaster Trailer (located at GRFIA)</td>
<td>Contact Communication Centers</td>
</tr>
<tr>
<td>RACES</td>
<td>Contact Communication Centers</td>
</tr>
<tr>
<td>Canteen</td>
<td>Contact Communication Centers</td>
</tr>
<tr>
<td>Emergency Manager</td>
<td>Contact Communication Centers</td>
</tr>
<tr>
<td><strong>Regional Regional</strong></td>
<td></td>
</tr>
<tr>
<td>Region 6 MCC</td>
<td>(855) 734-6622</td>
</tr>
<tr>
<td>Medical Reserve Corp</td>
<td>Contact Communication Centers</td>
</tr>
<tr>
<td><strong>State &amp; Federal Resources</strong></td>
<td></td>
</tr>
<tr>
<td>MEDDRUN &amp; CHEMPACK</td>
<td>Primary</td>
</tr>
<tr>
<td></td>
<td>Secondary</td>
</tr>
<tr>
<td>American Red Cross</td>
<td>Kent County Dispatch Center</td>
</tr>
<tr>
<td><strong>Additional Resources</strong></td>
<td></td>
</tr>
<tr>
<td>AeroMed</td>
<td>(800) 862-0921</td>
</tr>
</tbody>
</table>
Helping the conversation
The Power of Habit
Why We Do What We Do in Life and Business
Charles Duhigg

The Checklist Manifesto
How to Get Things Right
Atul Gawande

Stories That Stick
How Storytelling Can Captivate Customers, Influence Audiences, and Transform Your Business
Kindra Hall
Where do we go from here?

Building on the success
Thank you

Lance Corey, Paramedic, I/C, CP-C
MCA Systems Administrator
Kent County EMS
lcorey@kcems.org
C: (231) 742-1131
O: (616) 451-8438
www.wmrmcc.org
References

