

911 Rescue Care

Emergency communication, transport and continuity of care

EXECUTIVE SUMMARY | October 4, 2026 | For institutional review

Institutional mission

911 Rescue Care strengthens access to emergency care through coordinated communication, transport and continuity between service providers. Its purpose is to address the operational gaps that prevent people from reaching appropriate care, particularly where transport, trained personnel and receiving facilities are limited.

Institutional position

The organizational framework places 911 Rescue Care within the U.S. Emergency Service Corps under United States Service Corps and United States University. It carries the transport and care delivery function alongside the professional capacity of 911 Physicians and the personal safety services of 911 Safe Haven. Local leadership and integration with public emergency systems guide development.

Strategic responsibilities

Emergency access and communication. Establish verified provider information, contact routes, referral criteria and continuity procedures for regions where reliable access is limited.

Ground and air coordination. Connect qualified transport operators with hospitals and responsible authorities through agreements covering acceptance, appropriate transport, medical direction and clinical handover.

Operational resilience. Maintain clinically approved alternatives for weather disruption, communication failure and unavailable aircraft or receiving capacity. Exercise these arrangements with participating institutions.

Workforce and participation. Develop distinct education and opportunity pathways for pilots, clinicians, paramedics, communication personnel, mechanics and logistics teams, with supervised learning for students.

Research and innovation. Use existing data and targeted PubMed search to evaluate access barriers, affordability, transfer performance and service design. Coordinate space emergency research with 911 Physicians.

Institutional contribution

The framework concentrates on the complete journey to care: reaching an appropriate provider, confirming a receiving destination, completing suitable transport and maintaining continuity after handover. Development begins with the capacity of existing services and the needs of a defined community.

Institutional implementation

911 Rescue Care

Regional partnership model

The initial pilot brings together a receiving hospital, licensed transport operators, an emergency care authority and a community partner. A regional assessment documents failed contacts, transfer delays, cancellations, available assets and unmet need. The resulting service design specifies geography, hours, responsibilities, costs and escalation.

Delivery begins through qualified partner capacity. Any owned fleet decision follows assessment of demand, financial sustainability, safety, maintenance and personnel. Ground and air operations require the applicable clinical, transport and aviation authority in each jurisdiction. Agreements allocate clinical decisions, aircraft control, liability and incident review.

Readiness and institutional cooperation

Training priorities include mass casualty arrivals, loss of communication, weather disruption, maternal transfer and continuity after handover. Cooperation with the Yellow Ribbon Hospital framework supports civilian and military learning where authorized agreements establish participation and responsibilities.

FEMA learning records complement the separate licenses, privileges and qualifications required of medical, EMS and aviation personnel. Research into microgravity, constrained evacuation and delayed communication remains an education and simulation agenda until distinct operational capability is established.

Funding and measurable value

Funding requests separate coordination, training and assessment from aircraft acquisition and operations. The accompanying brief identifies ASPR preparedness and trauma coordination, approved state rural transformation plans, HRSA network opportunities, hospital contracts and philanthropic support. Eligibility, competition status and partner commitments require verification for each application.

Measure time to receiving acceptance, appropriate completed transfers, failed contacts, cancellations, handover quality, cost per transfer, patient cost burden and performance during disruption. Evaluation determines whether the model improves access and continuity within the selected region.

Digital delivery and immediate decisions

The website follows the Global Neuroscience interface and approved USSC identity. Its initial role is research, education, country resources and partnership information. Clear service descriptions distinguish it from official emergency dispatch. Mobile access, verified links and qualified review of critical translations form the publication standard.

Institutional review selects the initial region, lead institution, access gap and partner profile. Dispatch, transport and patient information systems require documented staffing, provider capacity, funding and operational authorization before activation. Parent USSC updates and website mockups follow the agreed institutional direction.

Record and evidence. Derived from the [911 Rescue Care Institutional Brief V2](#), dated October 4, 2026. The accompanying full brief preserves research references, funding status and the complete program scope. This summary records institutional direction and does not establish operating services, government affiliation or secured funding.