

Are All Paramedics Created Equal?

Credentialing in EMS

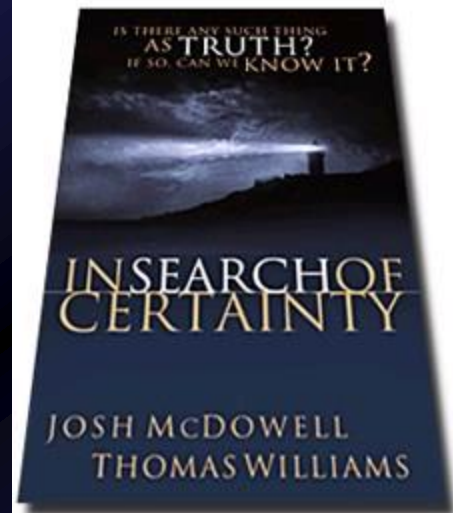
John Griswell, MD

We hold these
truths to be
self evident

*“All paramedics are
created equal”*



REALLY???



Certainly!



All certified by the State...

All have passed Registry...

It includes clinical skills
and a written

They're
ALL EQUAL!

*The State
doesn't
differentiate
between
them!*



A close-up photograph of a male doctor with a beard and glasses, wearing a white lab coat over a blue shirt and tie. He is looking down at a piece of paper on a desk, holding a yellow pill bottle in his left hand and a pen in his right hand. The background is a plain, light-colored wall.

**What about
physicians?**

Are THEY all equal?





MEDST R

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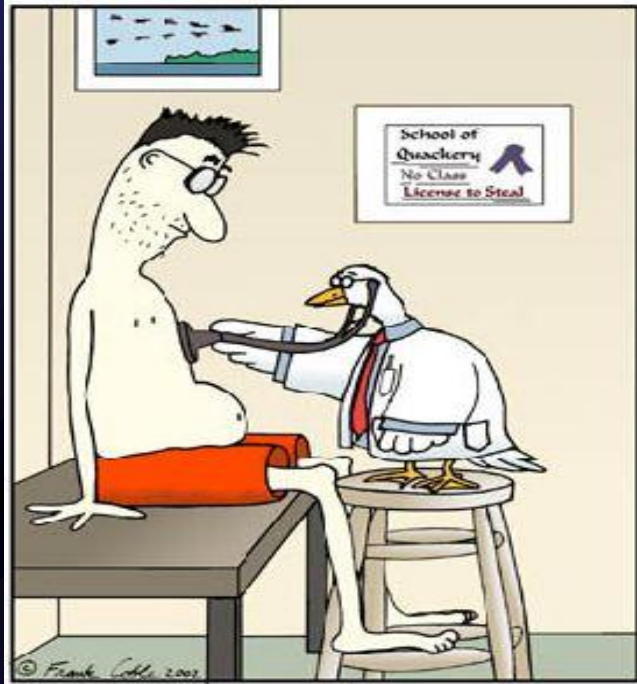
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SALE PENDING

Come back home to
TULSA '99

Licensed by the State...
Passed National Boards...
Residency program...
Board certified





Frank started to get a funny feeling that his doctor was a quack.



The point is...
maybe we are
not all created
equal

How do we deal
with this
inequality?

Hospitals do it
by doing
“in-house
credentialing”



“Credentialing” – That which entitles one to confidence, credit, or authority. Credentials are evidence or testimonials concerning one’s right to credit, confidence, or authority.

“Credentialing” includes
the types of patients you
can treat, where you
can treat them,
what procedures you
can perform

Surgical Procedures



- Competent
- Current

An individual who has not performed a procedure for a given time may require proctoring

We expect it in our pilots





A specific internist may
not be credentialed to
perform central lines





ICU

Critical care



And yet:

All are licensed
by the State,



and all are equal
in the States' eyes

“Paramedics are certified by the State!!!
What more do you want??”



What a physician does
in his/her office is
restricted to licensure,
good practice, and

common sense



Physicians are
independently
licensed...

paramedics are not

The limitations as to what an medical practitioner can do are set by the institutions where they work

This is true for
physicians in hospitals,
and it SHOULD be true
for EMS providers

Physicians. . .

- Perform invasive procedures. . .
- Administer dangerous drugs

What about Medics?

- Careful evaluation
 - Credentialing
 - Patient Safety
 - *Do No Harm*

Areas to look at:

- Assessment
- Clinical decision-making
 - Lasix and morphine
vs. shortness of breath
 - STEMI

Areas to look at:

- Procedures
 - Intubation
- Treatment
 - Medication
 - Dosage accuracy

The MedStar / EPAB
in-house credentialing
includes:

1. Pre-hiring
examination to
determine if basic
knowledge is present

2. Training Academy of 13 weeks

3. Six weeks of Driver Training with DTO

4. Protocol Examination
to allow entrance into the
training process and
provide clinical care.

4. Three to four weeks
of FTO minimum

5. FTO makes the recommendation of the functioning level for the paramedic

6. Credentialing *“fill-in-the-blank”* Protocol Examination

7. Simulated clinical scenario beginning inside and moving to the ambulance

Level of functioning
within the system is
then determined



MedStar / EPAB

EMS

Credentialing Levels



Level 7
• Base Station Physician



Level 6
• Critical Care Paramedic/Nurse
• Critical Care MICU



Level 5
• Primary Paramedic
• MICU



Level 4
• Lead Secondary Paramedic
• ALS Ambulance



Level 3
• Secondary Paramedic
• ALS-Basic Ambulance



Level 2
• EMT-Intermediate
• ILS Ambulance



Level 1
• EMT-Basic
• BLS Ambulance

E.P.A.B. Emergency Physicians Advisory Board	Page:	1-0
Medical Control for MedStar System	Effective Date:	March 1, 2009
	Replaces:	July 1, 2008

1 EXPLANATION OF THE LEVELS OF CARE

In each protocol, levels of care are listed under the separate headings. Below lists each level of certification and their capabilities for each heading:

Level 1
<ol style="list-style-type: none"> 1. Emergency Care Attendants <ol style="list-style-type: none"> a. First Responder Agency ECA level employee <ol style="list-style-type: none"> i. May not administer any medications 2. Emergency Medical Technicians <ol style="list-style-type: none"> a. First Responder Agency EMT level employee (F-1) b. MedStar EMT level employee (M-1)
Level 2
<ol style="list-style-type: none"> 1. Emergency Medical Technician-Intermediate <ol style="list-style-type: none"> a. First Responder Agency EMT Intermediate level employee (F-2) b. MedStar Intermediate level employee (M-2) c. MedStar Basic Paramedic level employee (M-2)
Level 3
<ol style="list-style-type: none"> 1. Emergency Medical Technician-Paramedic <ol style="list-style-type: none"> a. First Responder Agency Paramedic level employee (F-3) b. MedStar Paramedic level employee (M-3) on an ALS-Basic Ambulance
Level 4
<ol style="list-style-type: none"> 1. Emergency Medical Technician-Paramedic <ol style="list-style-type: none"> a. First Responder Agency Advanced Paramedic level employee (F-4) b. MedStar Paramedic level employee (M-4) on an ALS Ambulance
Level 5
<ol style="list-style-type: none"> 1. Emergency Medical Technician-Paramedic <ol style="list-style-type: none"> a. First Responder Agency employee who is also a MedStar M-5 employee b. MedStar Paramedic level employee (M-5) on a MICU Ambulance.
Level 6
<ol style="list-style-type: none"> 1. Critical Care Emergency Medical Technician-Paramedic <ol style="list-style-type: none"> a. MedStar Critical Care Paramedic level employee (M-6) on a Critical Care MICU Ambulance
Level 7
<ol style="list-style-type: none"> 1. Base Station Physician orders.



Level 7

- Base Station Physician



Level 6

- Critical Care Paramedic/Nurse
- Critical Care MICU



Level 5

- Primary Paramedic
- MICU



Level 4

- Lead Secondary Paramedic
- ALS Ambulance



Level 3

- Secondary Paramedic
- ALS-Basic Ambulance



Level 2

- EMT-Intermediate
- ILS Ambulance



Level 1

- EMT-Basic
- BLS Ambulance



Level

- Basic Life Support
- EMT-Basic
 - M-1
 - F-1
- BLS Ambulance
 - BLS Priority 4 & 5
- Must hold current:
 - BCLS
- 60 patient contacts
- May be the “Lead Medic” of a BLS Ambulance if credentialed by the Medical Director



Level

- Intermediate Life Support
- EMT-Intermediate or Basic Paramedic
 - M-2
 - F-2
- ILS Ambulance
 - ALS Priority 4 & 5
- Must hold current:
 - BCLS
 - ITLS/PHTLS
- 60 patient contacts
- May be the “Lead Medic” if credentialed by the Medical Director



Level

- Advanced Life Support
- EMT-Paramedic
 - M-3
 - F-3
- ALS-Basic Ambulance
 - ALS Priority 3, 4, & 5
- Must hold current:
 - BCLS
 - ITLS/PHTLS
 - ACLS
 - PPC/PPPC/PALS
- 75 patient contacts
- Credentialed by the Medical Director



Level

- Advanced Life Support
- EMT-Paramedic
 - M-4
 - F-4
- ALS Ambulance
 - All Priority Calls
- Must hold current:
 - BCLS
 - ITLS/PHTLS
 - ACLS
 - PPC/PPPC/PALS
- 144 patient contacts
- Credentialed by the Medical Director



Level

- Advanced Life Support
- EMT-Paramedic
 - M-5
 - F-5
- MICU Ambulance
 - All Priority Calls
- Must hold current:
 - BCLS
 - ITLS/PHTLS
 - ACLS
 - PPC/PPPC/PALS
 - NRP
 - GEMS
 - RSI/PAI Course Completion
- 1100 patient contacts
- Credentialed by the Medical Director



Level

- Advanced Life Support
- EMT-Paramedic
 - M-6
 - F-6
- Critical Care MICU Ambulance
 - All Priority Calls
- Must hold current:
 - BCLS
 - ITLS/PHTLS
 - ACLS
 - PPC/PPPC/PALS
 - NRP
 - GEMS
 - RSI/PAI Course Completion
 - Critical Care Course
- 2000 patient contacts
- Credentialed by the Medical Director



Level

- Base Station Physician
- Physician in MedStar System
- P - 7
- On-line Medical Control
- Have successfully completed and passed the EPAB Base Station Physician course

Protocols are written in
such a way that the
provider has
established practice
standards

Not all functioning at
the same level?



*Is this bad for the
community?*

Remember:

The only care that has
been demonstrated to
make a difference in
survival is BLS care

SORRY!!!!



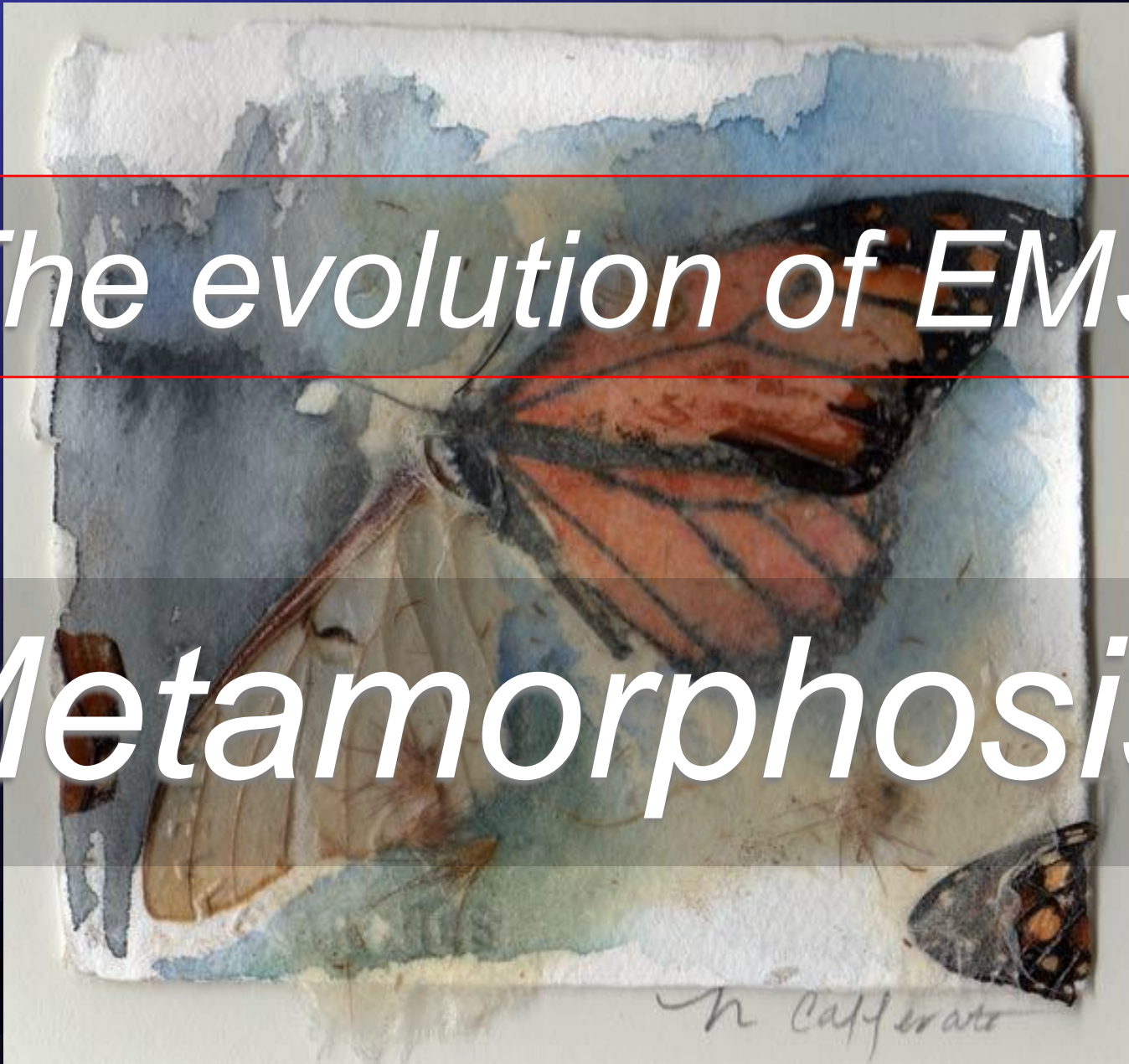
I believe that
research in the future
will demonstrate that
certain, *well-performed*
ALS procedures may
make a difference:

- Hypertonic saline for
Traumatic Brain Injury

- Advanced airway

The evolution of EMS:

Metamorphosis





The evolution of EMS:

from technician...
...to clinician

Thank You!

Contributors to this Process:

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