Are All Paramedics Created Equal?

Credentialing in EMS

John Griswell, MD

IN CONGRESS. JULY 4, 1776.

The unanimous Declaration of the thicken united States of Homerica.

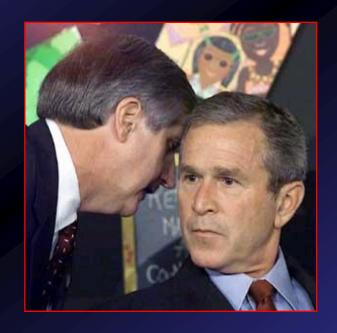
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We hold these truths to be self evident

"All paramedics are created equal"

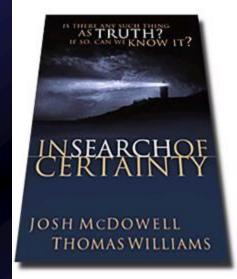






REALLY???





Certainly!





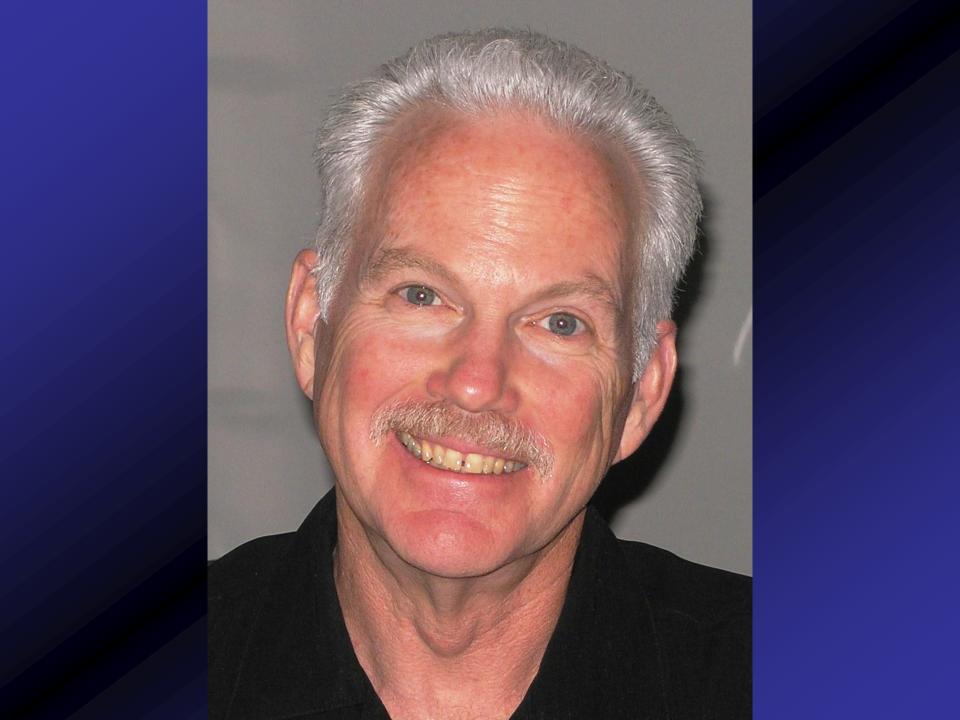
All certified by the State... All have passed Registry... It includes clinical skills and a written

They're ALLEQUAL!

The State doesn't differentiate between them!









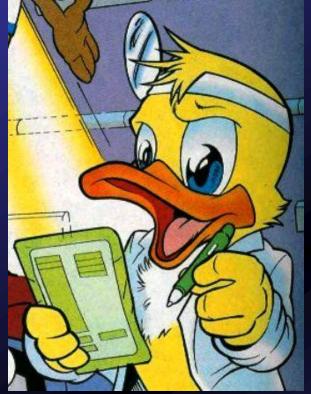
Licensed by the State...

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?



"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



- •Competent
- Current

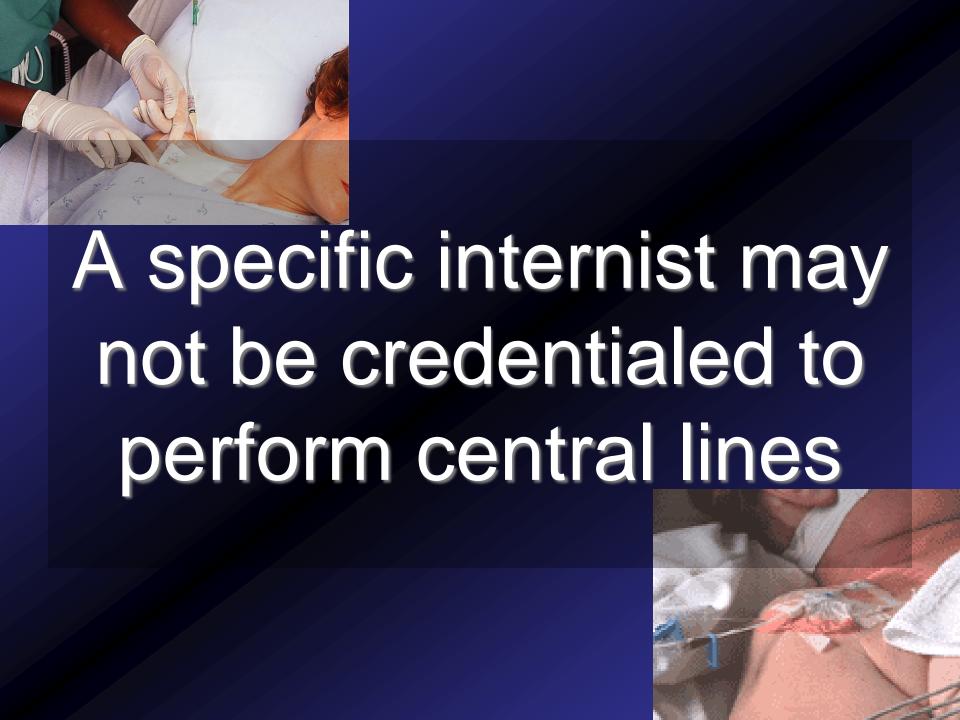




An individual who has not performed a procedure for a given time may require proctoring

We expect it in our pilots







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

TOU WON'T HAVE TO GO TO JAIL, BUT I WILL BE COLLECTING YOUR \$ 200 90 "

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





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



- EMT-Basic
- BLS Ambulance

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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

- 1. Emergency Care Attendants
 - a. First Responder Agency ECA level employee
 - i. May not administer any medications
- 2. Emergency Medical Technicians
 - a. First Responder Agency EMT level employee (F-1)
 - b. MedStar EMT level employee (M-1)

Level 2

- 1. Emergency Medical Technician-Intermediate
 - 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

- 1. Emergency Medical Technician-Paramedic
 - a. First Responder Agency Paramedic level employee (F-3)
 - b. MedStar Paramedic level employee (M-3) on an ALS-Basic Ambulance

Level 4

- 1. Emergency Medical Technician-Paramedic
 - a. First Responder Agency Advanced Paramedic level employee (F-4)
 - b. MedStar Paramedic level employee (M-4) on an ALS Ambulance

Level 5

- 1. Emergency Medical Technician-Paramedic
 - 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

- 1. Critical Care Emergency Medical Technician-Paramedic
 - a. MedStar Critical Care Paramedic level employee (M-6) on a Critical Care MICU Ambulance

Level 7

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
- Al S-Basic Ambulance



Level 2

- FMT-Intermediate
- II S Ambulance



- FMT-Basic
- BLS Ambulance



- 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



- •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



- 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



- 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



- 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



- 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



- •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

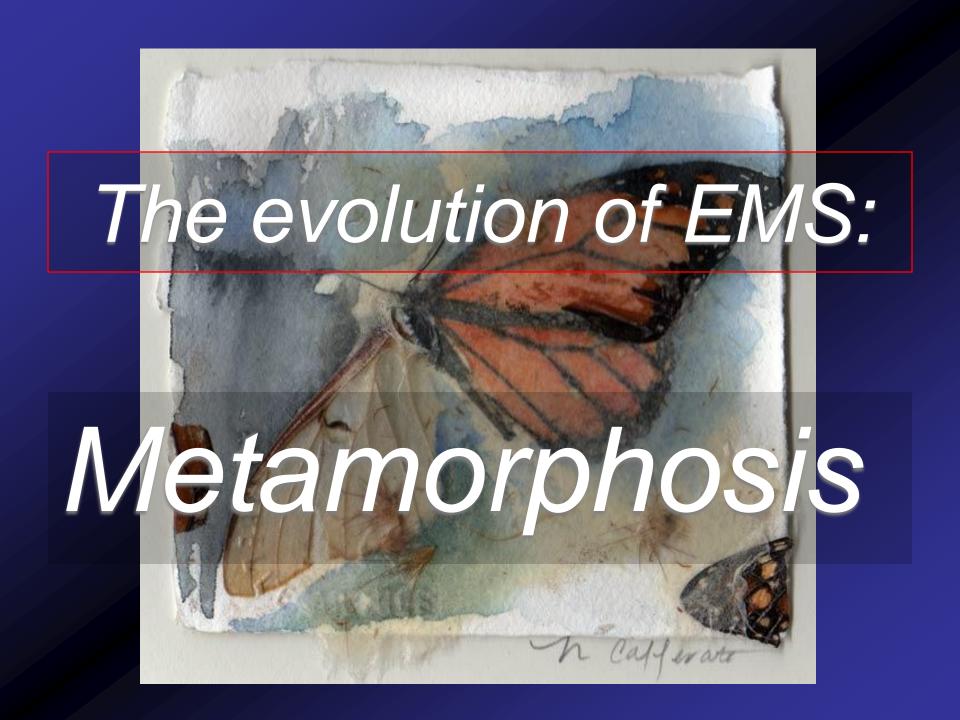
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I believe that research in the future will demonstrate that certain, well-performed ALS procedures may make a difference:

- Hypertonic saline for Traumatic Brain Injury

- Advanced airway



The evolution of EMS:

from technician... to clinician

Thank You!

Contributors to this Process:

Jon Puryear Matt Zavadsky Dr. Jeff Beeson Dr. Ray Fowler