Are All Paramedics Created Equal?

Credentialing in EMS

John Griswell, MD
IN CONGRESS, July 4, 1776.

The unanimous Declaration of the thirteen united States of America.

When in the Course of human Events, it becomes necessary for one People to dissolve the political Bands which have connected them with another, and to assume among the Powers of the earth, the separate and equal Station to which the Laws of Nature and of Nature's God entitle them, a decent Respect to the Opinions of Mankind requires, that they should declare the Causes which impel them to the Separation.

We hold these Truths to be self-evident, that all Men are Created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the Pursuit of Happiness. That to secure these Rights, Governments are instituted among Men, deriving their just Powers from the Consent of the Governed, that whenever any Form of Government becomes destructive of these Ends, it is the Right of the People to alter or to abolish it, and to institute new Government, consenting to be governed by it.

We, therefore, the Representatives of the United States of America, in General Congress assembled, appealing to the Supreme Judge of the World for the rectitude of our Intentions, do, in the Name, and by Authority of the good People of these Colonies, solemnly publish and declare, That these United Colonies are, and of Right ought to be Free and Independent States; that they are absolved from all Allegiance to the British Crown, and that all political connections between them and the State of Great Britain are, and ought to be totally dissolved; and that as Free and Independent States, they have full Power to bind themselves into联盟, Alliance, to bind themselves into永久 and undefeasible Union.

In Witness Whereof, We, these United Colonies, in General Congress assembled, do assign and declare, and every one of us doth assign to the United Colonies, the full Power, and Right to bind ourselves into an Unions or a Constitution, and to have full Power to levy War, conclude Peace, grant Excises, emit Money, contract debts, and make all other Laws and things, which may be necessary for us, our and their Posterity's. Witnessed and signed by us, in Declaration of these United Colonies.
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!
What about physicians?

Are THEY all equal?
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.
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

- 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!

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