Chapter 1
EMS Systems:
Roles, Responsibilities, and Professionalism

Lesson 1.1
EMS System Development
Learning Objectives

• Outline key historical events that influenced the development of emergency medical services (EMS) systems.
• Identify the key elements necessary for effective EMS systems operations.
• Outline the five components of the EMS Education Agenda for the Future: A Systems Approach.

EMS System Development

• Before 20th century
  – Ancient Egyptians
  – Military used first organized prehospital care
  – Civilian ambulance service established in Cincinnati, New York City in 1860s

• Ancient Egyptians
  – Used herbs, drugs as medicine
  – Splinted fractured bones
  – Performed surgeries
  – Edwin Smith papyrus
  – Referred to pulsation of heart, palpation, abnormal motor functions associated with brain injury
EMS System Development

- Military used first organized prehospital care
  - Covered cart was first ambulance
  - Moved injured soldiers during Napoleonic wars

EMS System Development

- Twentieth century
  - Civil War
  - WW I
  - WW II
  - Korean War
  - Vietnam War
  - Iraq War

EMS System Development

- Civil War
  - Railroads used to evacuate casualties
  - Army still used ambulances
  - Death rates high
  - Germs were unknown cause of infection
  - Barns used as hospitals
  - Army set up Medical Corps
  - System-wide approach with ambulances on battlefield
EMS System Development

• WW I
  – Poor planning, excessive evacuation times
  – High mortality rates
  – Most died of hemorrhagic shock
  – No antibiotics
  – Blood transfusions introduced
  – Thomas half-ring femur splint considered best trauma care

EMS System Development

• WW II
  – Evacuation time: 4–6 hours
  – Antibiotics developed
  – Plasma/blood transfusions common
  – Hospitals closer to front line
  – Fixed-wing air transport began

EMS System Development

• Korean War
  – Evacuation time: 2–4 hours
  – Helicopter evacuation introduced
  – Electrolyte solution use
  – Better antibiotics
  – Surgical hospital closer to front lines
EMS System Development

- Vietnam War
  - Casualties taken directly from front lines to surgical hospital by helicopter
  - Evacuation time: 35 minutes
  - Average time to surgery: 1–2 hours
- Iraq War
  - Tourniquets reintroduced
  - Hemostatic agents developed
  - CAB concept developed

EMS System Development

- Early 20th century to mid-1960s
  - Care delivered mostly by urban, hospital-based systems
  - Developed into municipal services
  - Funeral directors provided care
  - Little training in emergency care
  - Minimal stabilization at scene
  - Mostly transport

EMS System Development

- 1966, white paper, Accidental Death and Disability: The Neglected Disease of Modern Society
  - Recommendations to improve care for victims
  - Eleven directly related to EMS
EMS System Development

- Highway Safety Act of 1966
  - Created U.S. DOT
  - Created NHTSA
  - Legislative authority, funds to improve EMS
  - Directed states to develop effective EMS programs
  - Eventually allowed development of ALS pilot programs

How would you feel about moving to an area with this minimal level of emergency services?

EMS System Development

- 1973, Emergency Medical Service Systems Act
  - States to benefit from federal funds
  - Must form regional EMS agencies
  - Listed 15 vital parts of EMS system
  - Required emergency care programs funded by U.S. Department of HHS
EMS System Development

- EMS Systems Act listed 15 required parts of EMS system
  - Manpower
  - Training
  - Communications
  - Transportation
  - Facilities
  - Critical care units
  - Public safety agencies
  - Consumers

EMS System Development

- EMS Systems Act listed 15 required parts of EMS system
  - Access to care
  - Transfer of patients
  - Medical record keeping
  - Consumer information and education
  - Review and evaluation
  - Disaster linkage
  - Mutual aid

EMS System Development

- 1981, Consolidated Omnibus Budget Reconciliation Act (COBRA)
  - Moved EMS funding into block grants, funding under EMSS Act eliminated
  - Direct funding for EMS declined
  - Each state had to develop and fund its own EMS system
EMS System Development

• 1988, NHTSA established 10 system elements as recommended standard for EMS systems
  – Comprehensive emergency medical services and trauma system legislation
  – Resource management and administration
  – Professional training
  – A communication system (911, communication centers, equipment, and the ability to communicate among ambulances, hospitals, fire departments, and police)
  – A transportation system (air, ground, water)

• 1988, NHTSA established 10 system elements as recommended standard for EMS systems
  – Facilities (hospitals, trauma centers, specialty centers)
  – An inclusive trauma system fully integrated with emergency medical systems
  – Physician involvement (medical oversight)
  – Public information, education, and prevention
  – Data collection, quality improvement and evaluation, and research

• 1996
  – NHTSA and Health Resources and Services Administration published Emergency Medical Services Agenda for the Future
  – Agenda used to build common vision for future of EMS
  – Help guide planning, decision making, policy for EMS
EMS System Development

• The agenda had 14 suggestions for EMS
  – Integration of health services
  – EMS research
  – Legislation and regulation
  – System finance
  – Human resources
  – Medical direction
  – Education systems

EMS System Development

• The agenda had 14 suggestions for EMS
  – Public education
  – Prevention
  – Public access
  – Communication systems
  – Clinical care
  – Information systems
  – Evaluation

The Emergency Medical Services System
How does the “age” of the emergency medical services profession compare with the “age” of your parents’ or grandparents’ profession?

Current Health Care Reform

- Managed care
  - Patient care services provided to members of managed care organizations
  - Plans cover 60% of the U.S. population
  - Affect EMS systems in the way they provide patient care choices

Current Health Care Reform

- Extended scope of practice
  - Refers to expanding services of EMS personnel in prehospital setting
  - Health screenings
  - Physical examinations
  - Immunizations
  - Ensures EMS remains vital part of health care system
How could health care reform affect patient care delivered by EMS systems?

Current EMS Systems

- Network of coordinated services
  - Defined by NHTSA Technical Assistance Program Standards
  - Ensures quick treatment
  - Resources used efficiently
  - Reduces health care costs
Current EMS Systems

• State EMS systems
  – Usually made up of local and regional agencies
  – Manage delivery of prehospital care
  – Advisory councils
  – Responsible for licensing, certification
  – Enforce state EMS regulations
  – Develop public education programs
  – Act as liaisons with national agencies

Current EMS Systems

• Manage the delivery of prehospital care
  – Provide day-to-day EMS to community
  – Work with regional and state agencies to create protocols, help set standards and guidelines
  – Provide collection services
  – Coordinate mutual aid, disaster planning

Current EMS Systems

• Advisory councils
  – Organize EMS programs, activities
  – Made of medical professionals, paraprofessionals, consumers, public and private agencies
• Act as liaison with national agencies
State EMS Systems

- NEMSIS
  - Develop nationwide EMS training curricula
  - Evaluate patient, EMS system outcomes
  - Facilitate research efforts
  - Determine national fee schedules, reimbursement rates
  - Address resources for disaster, domestic preparedness
  - Provide information on other needs

EMS System Operations

- Citizen activation
  - Public has low awareness of complex nature of services
  - Expect fast response with skilled personnel in medical emergency
  - Years of available public-safety service, public relations, press coverage, national media
  - Public support in form of taxes, donations, subscriptions for service, user fees

EMS System Operations

- Public support in form of taxes, donations, subscriptions for service, user fees
  - Citizens often at scene of an injury or illness
  - Recognize need for emergency services
  - Sometimes administer first aid, help secure scene, gain access to patient
  - Instrumental in managing crises
  - Paramedics help prepare public to respond to a medical situation
  - Help to develop and present public health care education, prevention programs
How is the EMS system funded in your community?

EMS System Operations

• Citizen activation
  – Once call for help is made, coordinated response results
  – Contact communication centers
  – Emergency numbers, 911
  – Firebox pull stations
  – Citizens band radios
  – Cell phones

Compare the other methods of contacting communication centers.
Imagine the components of an EMS system as a chain. What would be the result of a weak link?

EMS System Operations

• Prehospital care
  – Patients may need prehospital intervention, stabilization
  – May involve basic life support (BLS) and ALS skills
  – Initial prehospital care may be limited to giving only comfort, reassurance
  – May require spinal immobilization, airway protection, endotracheal intubation, intravenous therapy, medication administration, defibrillation, external cardiac pacing

EMS System Operations

• Hospital care
  – Care resources expand
  – Diagnostic tests performed
  – Resources beyond ED
  – Surgery
  – Cardiac catheterization
  – Intensive care
  – Physical therapy
  – Pharmacy
  – Nutrition services
EMS System Operations

• Rehabilitation
  – After hospital delivery
  – Before/after hospital discharge
  – Education, physical/occupational therapy
  – Help patient maintain maximum independence

Lesson 1.2
EMS Education and Personnel Levels

Learning Objectives

• Describe the benefits of continuing education.
• Differentiate among training and roles and responsibilities of the four nationally recognized levels of EMS licensure/certification: Emergency Medical Responder, Emergency Medical Technician, Advanced Emergency Medical Technician, and Paramedic.
EMS Education

- National standard curriculum
  - Revised Agenda (National Emergency Medical Services Education and Practice Blueprint)
  - Titled EMS Education Agenda for the Future: A Systems Approach

National Standard Curriculum

- National EMS Core Content published in 2005
  - Defined entire domain of out-of-hospital practice
  - Identified universal body of knowledge, skills for EMS personnel
  - Led by National Association of EMS Physicians and American College of Emergency Physicians

- The National EMS Scope of Practice Model (Scope of Practice) published in 2007
  - Defined four levels of EMS personnel
  - Defined practices, minimum skills for each level
  - Each level assumes mastery of previous level
  - Must demonstrate each skill within scope of practice for all patients
National Standard Curriculum

• National EMS Education Standards
  – Led by National Association of EMS Educators
  – Replace NHTSA’s national standard curricula
  – Define competencies, clinical behaviors, judgments
  – Goal to meet practice guidelines

Continuing Education

• Retain primary technical, professional skills
• Move from competency to higher levels of practice
• Learn new, advanced skills, knowledge
Continuing Education

• Skills learned initially are not used often
• New information, procedures, resources to enhance patient care are continuously being developed
• Takes many forms

Continuing Education

• Takes many forms:
  – Conferences, seminars
  – Lectures, workshops
  – Quality-improvement reviews
  – Skill laboratories
  – Certification, recertification programs
  – Refresher training programs
  – Journal studies
  – Multimedia presentations
  – Internet-based learning
  – Case presentations
  – Independent study

EMS Personnel Levels

• Various levels of personnel come together to make an effective prehospital EMS system
  – Dispatchers
  – Emergency Medical Responder (EMR)
  – Emergency Medical Technician (EMT)
  – Advanced Emergency Medical Technician (AEMT)
  – Paramedic
EMS Personnel Levels

• Dispatcher
  – Telecommunicator
  – Primary contact with public
  – Directs proper agencies to scene

EMS Personnel Levels

• Telecommunicator
  – Applies to call takers, dispatchers, radio operators, data terminal operators, or any combination of functions in a public service answering point in a fire, police, or EMS communications center

• Directs proper agencies to scene
  – May include ground and air ambulances, fire departments, law enforcement, utility services, and others
Dispatcher

• Receives, processes calls for EMS assistance
  – Receives and records calls
  – Selects appropriate course of action for each call
  – Must obtain as much information about the emergency event
  – Includes name, call-back number, and address
  – Deals with distraught callers

Dispatcher

• Dispatches and coordinates EMS resources
  – Directs proper emergency vehicles to correct address
  – Coordinates emergency vehicles while en route to scene, to medical facility, back to operations base
• Relays medical information
  – Dispatch center provides telecommunications channel among medical facilities; EMS personnel; fire, police, and rescue workers; and private citizens
  – Can consist of phone, radio, or biomedical telemetry

Dispatcher

• Coordinates with public safety agencies
  – Aids communications between public safety, EMS system
  – Traffic control, escort, fire suppression, extrication
  – Must know location and status of all EMS vehicles, whether support services are available
  – Computer dispatching used in larger systems
  – Manual entry of call information
  – Radio control, display of channel status
  – Standard operating procedure review
  – Telephone control and display of circuit status
Dispatcher

- Computer dispatching is used in larger systems
  - Automatic entry of 911
  - Automatic interface to vehicle location with or without map display
  - Computer messaging among multiple radio operators, call takers, or both
  - Dispatch note taking, reminder aid, or both
  - Ability to monitor response times, response delays, and on-scene times
  - Display of call information
  - Emergency medical dispatch review
  - Manual or automatic updates of unit status

Dispatcher

- Requires specialized training
- Gives directions to caller while waiting for EMS arrival
- May include U.S. DOT training program for emergency medical dispatcher

What type of dispatching is done in your community? Are the dispatchers trained to the level of emergency medical dispatcher?
EMS Personnel Levels

- Emergency Medical Responder (EMR)
  - First trained in EMS system to arrive on scene
  - Includes personnel from fire departments, law enforcement agencies, designated commercial medical response teams, athletic trainers, others
  - Primary focus: initiate immediate lifesaving care to critical patients
  - Basic knowledge, skills necessary to provide lifesaving interventions
  - Assists higher-level personnel at scene, during transport

EMS Personnel Levels

- EMR responsibilities
  - Recognize seriousness of patient’s condition or extent of injuries
  - Assess requirements for emergency medical care
  - Administer appropriate emergency medical care for life-threatening injuries relative to airway, breathing, circulation

EMS Personnel Levels

- Emergency Medical Technician (EMT)
  - Trained in all phases of basic life support
  - Provides basic emergency medical care, transportation
  - Performs interventions with basic equipment
  - Assists paramedics in care of patients during transport
EMS Personnel Levels

- Advanced Emergency Medical Technician (AEMT)
  - Degree of training, skills varies between states
  - Training can include peritracheal airway adjuncts, IV therapy, defibrillation, cardiac rhythm interpretation, administration of some emergency medications
  - Provides basic, limited advanced emergency medical care, transportation

EMS Personnel Levels

- Paramedic
  - Trained in all aspects of basic and advanced life support procedures in prehospital care
  - Patient assessment
  - Clinical decision making
  - Cardiac rhythm interpretation
  - Defibrillation
  - Drug therapy
  - Airway management

Lesson 1.3

National EMS Group Involvement and Licensure, Certification, Registration
Learning Objectives

• List the benefits of membership in professional EMS organizations.
• Differentiate among professionalism and professional licensure, certification, registration, and credentialing.

Learning Objectives

• List characteristics of the professional paramedic.
• Describe the paramedic’s role in patient care situations as defined by the U.S. Department of Transportation.

National EMS Group Involvement

• Groups set standards of EMS
  – Exist at national, state, regional, local levels
  – Participate in development, education, implementation, lobbying, setting standards for EMS
  – Expose paramedics to trends in emergency care, continuing education, resource experts
  – Provide for national representation
National EMS Group Involvement

- National Registry of Emergency Medical Technicians (NREMT)
  - Helps develop professional standards
  - Verifies competencies for EMTs, paramedics
  - Simplifies process of state-to-state mobility, reciprocity

What issue do you think your national emergency medical services association should work on to enhance patient care in your area?

Licensure, Certification, Registration

- Licensure
  - Process of regulating occupations
  - Granted by government authority
  - Allows engagement in profession, would otherwise be unlawful
- Certification
  - Grants authority to participate
  - Receives document from a government or nongovernment entity
Licensure, Certification, Registration

- Registration
  - Act of enrolling one’s name in register, or book of record
- Credentialing
  - Local process, allows paramedics to practice in specific EMS agency
  - Guided by local medical director

What are the levels of EMS certification/licensure recognized by your state?
Professionalism

• Self-regulated through license or certification confirming competence
• Professionalism
  – Way in which a person follows standards of a profession

Professionalism

• Health care professional
  – Provide quality patient care
  – Instill pride, earn respect
  – EMS professionals are highly visible role models

Health Care Professional

• Attributes of a professional paramedic
  – Integrity
  – Empathy
  – Self-motivation
  – Appearance, personal hygiene
  – Self-confidence
  – Communications
  – Time management
  – Teamwork, diplomacy
  – Respect
  – Patient advocacy
  – Careful delivery of service
Health Care Professional

- Integrity
  - Being honest in all actions
- Empathy
  - Identify with, understand feelings, situations, motives
- Self-motivation
  - Internal drive for merit, self-direction
  - Continuous quality improvement

Health Care Professional

- Patient advocacy
  - Protect patient confidentiality
- Careful delivery of service
  - Master and refresh skills
  - Perform full equipment check
  - Ensure safe ambulance operations

Which of these professional attributes represent your strengths? Which ones do you think you need to work on?
Do you work with, or know, a paramedic who you feel is a good role model? How does that paramedic fit the attributes of professionalism?

What are the responsibilities of a paramedic?

Roles and Responsibilities of Paramedics

- Commit to positive health practices
- Proper equipment, supplies
- Maintain adequate knowledge, skills
- Scene assessment
Roles and Responsibilities of Paramedics

• Knowledge of disease
  – Helps formulate a field impression
  – Sets priorities of care and transportation
• Minimize second injury

Roles and Responsibilities of Paramedics

• After stabilizing patient, provide transport to appropriate facility
  – Ground or air ambulance
  – Based on condition, distance from the hospital, travel time, and other factors
  – Decision made with patient
• Destination decision made with patient
• Brief staff about patient’s condition

Roles and Responsibilities of Paramedics

• Provide thorough, accurate documentation in PCR
• Crew should prepare ambulance by replacing equipment, supplies
• Review call openly
  – Identify ways to improve patient care services
Can you name the specialized care facilities in your local area?

Roles and Responsibilities of Paramedics

• Community involvement
  – Advocate illness/injury prevention programs
  – Teach CPR, first aid, injury prevention
  – Help ensure proper use of EMS resources
  – Improve integration of EMS with other health care, public safety agencies

Roles and Responsibilities of Paramedics

• Support primary care efforts
  – Inform public of best use of prehospital, other non-EMS health care resources
• Getting citizens involved
  – Help set needs, parameters for EMS use
  – Offer objective view into quality improvement, problem solving
  – Create informed, independent advocates for EMS
Roles and Responsibilities of Paramedics

- Additional responsibilities
  - Take part in leadership activities in community
  - Conduct primary injury prevention initiatives
  - Assist media campaigns to promote EMS
  - Become involved in work-related issues
  - Explore alternative career paths
  - Conduct and support research initiatives
  - Be actively involved in legislative issues related to EMS

Lesson 1.4
Medical Direction, Improving System Quality, and Patient Safety

Learning Objectives

- Describe the benefits of each component of off-line (indirect) and online (direct) medical direction.
- Outline the role and components of an effective continuous quality improvement (CQI) program.
Learning Objectives

• Recognize EMS activities that pose a high risk for patients.
• Describe actions the paramedic may take to reduce the chance of errors related to patient care.

Medical Direction for EMS

• Medical leader for EMS system
  – EMS system design, operations
  – Education, training of EMS personnel
  – Participation in personnel selection
  – Participation in equipment selection
  – Development of clinical protocols in cooperation with expert EMS personnel
  – Participation in CQI, problem resolution

• Medical leader for EMS system
  – Direct input into patient care
  – Interface between EMS systems, other health care agencies
  – Advocacy within medical community
  – Guidance as “medical conscience” of EMS system (advocating for quality patient care)
Medical Direction for EMS

- Online (direct) medical direction
  - When patient care issue falls outside scope of standing orders
  - Contact by radio/phone to convey patient information, receive orders from physician designee
  - Allows specific care, telemetry, CQI while on scene
  - Supersedes off-line medical direction

Off-Line Medical Direction

- Medical directors
  - Full medical direction authority
  - Must have knowledge of the way EMS system operates
- Prospective
  - Covers authority to set treatment protocols and standing orders
- Retrospective
  - Actions done after EMS call

Medical Direction for EMS

- On-scene physicians
  - Some of first ambulance personnel
  - Rarely on scene
  - Sometimes may witness injury/illness
  - Positive interaction essential
  - EMS must follow protocol
  - Physician on scene may take control with medical direction permission
What type of medical direction is used in your area?

Improving System Quality

- Continuous quality improvement
  - Ongoing study, improvement of process, system, or organization
Improving System Quality

• Continuous quality improvement
• Key areas monitored
  • Medical direction
  • Financing
  • Training
  • Communications
  • Prehospital management, transportation
  • Interfacility transportation
  • Receiving facilities
  • Specialty care units
  • Dispatch
  • Public information, education
  • Audit and quality assurance
  • Disaster planning, mutual aid

• Leadership
  – Efforts by senior leadership, management
  – Lead by example to integrate CQI into strategic planning process
  – Promote quality value, CQI techniques in work practices

• Information and analysis
  – Managing, using data needed for effective CQI
  – CQI based on management by fact

• Strategic quality planning
  – Develop long- and short-term goals for structural, performance, and outcome quality standards
  – Finding ways to achieve goals
  – Measuring effectiveness of system in meeting quality standards

• Human resource development and management
  – Develop full potential of workforce
  – Guided by principle that entire EMS workforce is motivated to achieve new levels of service, value
Improving System Quality

- Emergency medical services process management
  - Creation, maintenance of high-quality services
  - Refers to improvement of work activities
  - Improving work flow across functional or departmental boundaries
- Emergency medical systems results
  - Assessment of quality results achieved, examining success of organization at achieving CQI

Improving System Quality

- Satisfaction of patients and other stakeholders
  - Ensuring ongoing satisfaction
- Benefits of applying seven guidelines
  - Improvement in service, patient care delivery
  - Economic efficiency, profitability
  - Improve patient, community satisfaction

What CQI efforts occur at your place of employment?
Imagine that the number of needle-stick injuries in your agency has increased. How might the continuous quality improvement process affect this situation?

Patient Safety

- *To Err Is Human: Building a Safer Health System*
  - Health care in the U.S. is not as safe as it should be
  - At least 44,000 to 98,000 people die in hospitals yearly because of medical errors
  - Preventable medical errors exceed feared deaths such as motor-vehicle accidents, breast cancer, and AIDS
  - Higher error rates are most likely to occur in intensive care units, operating rooms, and emergency departments
  - Most errors are caused by faulty systems, processes, conditions

- High-risk activities
  - Ambulance crashes
  - Dropping patients
  - Handoffs
  - Communication issues
  - Medication issues
  - Poor sterile technique
  - Airway issues
  - Spinal immobilization
### Methods to Prevent Medical Errors

- **Environmental**
  - Sufficient lighting
  - Minimal interruptions
  - Organize, package drugs to avoid confusion
  - Secure equipment in patient compartment
  - Safely secure patient

### Patient Safety

- Preventing medical errors solutions
  - Look-alike, sound-alike medication names
  - Patient identification
  - Communication during patient handovers
  - Performance of correct procedure at correct body site
  - Control of concentrated electrolyte solutions
  - Ensuring medication accuracy at transitions in care
  - Avoiding catheter and tubing misconnections
  - Single use of injection devices
  - Improved hand hygiene to prevent health care–associated infection

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<tbody>
<tr>
<td>P</td>
<td>Patient Name, identifiers, age, sex, location</td>
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<tr>
<td>A</td>
<td>Assessment Present chief complaint, vital signs, symptoms and diagnosis</td>
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<td>S</td>
<td>Situation Current status and circumstances, including mode status, level of certainty or confidence, recent changes and response to treatment</td>
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<td>S</td>
<td>Safety concerns Critical lab values and reports, socioeconomic factors, allergies and alerts, such as risk for falls</td>
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<tr>
<td>B</td>
<td>Background Contributing factors, previous episodes, current medications and family history</td>
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<td>A</td>
<td>Actions Detail what actions were taken or are required and provide a brief rationale for those actions</td>
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<td>T</td>
<td>Timing Level of urgency and explicit timing prioritization of actions</td>
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<td>O</td>
<td>Ownership Who is responsible (know who’s on the team), including patient and family responsibilities</td>
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<td>N</td>
<td>Next What will happen next? Any anticipated changes? What is the plan? Any contingency plans</td>
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Methods to Prevent Medical Errors

- Individual
  - Reflection in action
  - Question assumptions
  - Reflection bias
  - Use decision aids
  - Ask for help

Summary

- Roots of prehospital emergency care may date back to the military
- In the early 20th century through the mid-1960s, prehospital care in the United States was provided in few ways
  - Mostly urban hospital-based systems
  - Care also provided by funeral directors, volunteers who were not trained

Summary

- Effective EMS system includes citizen activation, dispatch, prehospital care, hospital care, rehabilitation
- All members have their own distinct roles
  - Telecommunicators
  - Emergency medical responders
  - Advanced EMTs
  - Paramedics
Summary

• Professional groups, organizations help set standards of EMS
  – National, state, regional, local levels
  – Take part in development, education, implementation
• Professionalism
  – Way in which person conducts himself or herself
  – How one follows standards of conduct, performance

Summary

• Primary and additional duties
• Online (direct), off-line (indirect) medical direction
• CQI program identifies, attempts to resolve problems
• Patient safety should be high priority during every call

Questions?