

EMS in Connecticut

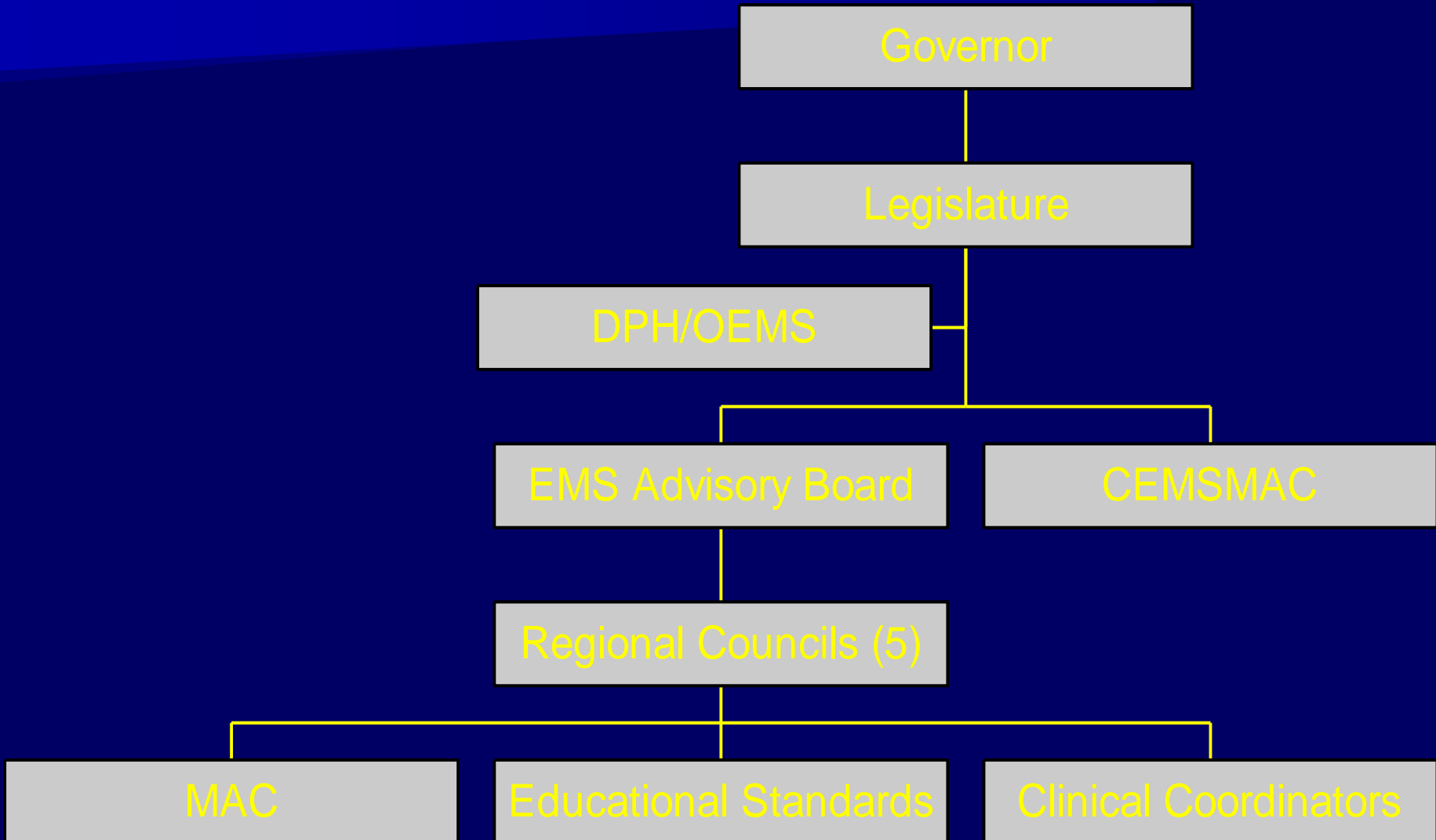
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Objectives

- Discuss the statewide and regional organization of EMS in CT
- Understand the Scope of Practice for EMS providers in CT
- Focus on Paramedic Scope of Practice in order to better frame MIH in CT

Organization Overview



DPH OEMS

- Medical Director
- Regional EMS Coordinators (2/5)
- Education and Training
- Provider Licensing and Certification
- Investigations
- Data
- Ambulance Inspections
- Local EMS Planning

EMS Advisory Board

Public Act 74-305 / 98 -195

- Established formation, composition and charge of the state EMS Advisory Board
- 41 member board
- Advise DPH/Commissioner on EMS matters
- Coordinate EMS efforts
- Make legislative recommendations
- Review EMS regulations, guidelines and policies

EMSAB Sub-Committees

Medical Advisory

Communications

Data

Education and
Training

EMS-C

Mass Casualty

Paramedic

Emergency
Preparedness

Public
Information

Steering

Trauma

Volunteer

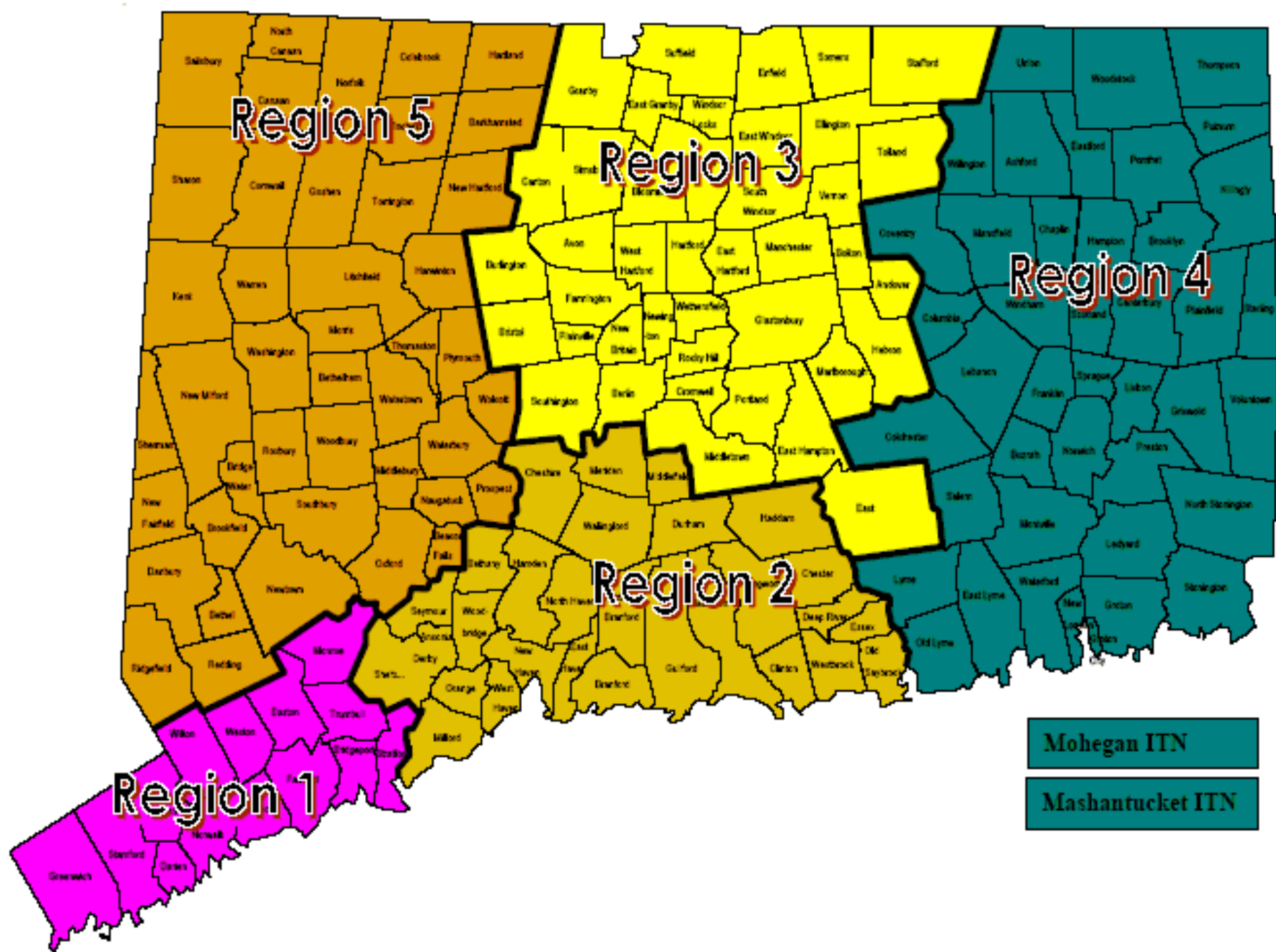
CEMSMAC

Public Act 74-305 / 98-195

- Standing sub-committee of EMSAB
- To provide DPH commissioner, EMSAB, and ad-hoc committees with advice and comment on medically-related issues
- May report directly to commissioner of DPH on medical issues which CEMSMAC feels have not been satisfactorily addressed by EMSAB

Trauma Sub-Committee

- Sub-committee of EMSAB
- Chair - Shea C. Gregg, MD FACS
- Chief, Section of Trauma, Burns, and Surgical Critical Care, Bridgeport Hospital



Regional Councils

- Charged with all aspects of EMS within region
- Oversee education, licensure, medical control, EMS disaster planning for immediate region
- Committees: MAC, Educational Standards, EMS Coordinators
- Councils composed of medical directors, clinical directors, representatives from local EMS, fire, police organizations as deemed appropriate by existing council members
- **Ultimately – oversight of care is the obligation of the sponsor hospital (31 in CT)**

EMS Medical Oversight

- EMS Organization has relationship with Sponsor Hospital by regulation
- Medical Director/staff
- Appropriateness of current operating protocols
- Assurance of medical supervision and training of MIC personnel
- Review of MIC personnel medical performance
- Withholding of medical authorization and the recommendation of suspension in the interest of patient care

Paramedic Scope

- (14) Any person rendering service as...a paramedic, as defined in subdivision (15) of section 19a-175, acting within the scope of regulations adopted pursuant to section 19a-179, if such service is rendered under the supervision, control and responsibility of a licensed physician;

Paramedic Scope

- Sec. 19a-179a. Scope of practice...paramedic.
- ...the scope of practice of any person certified or licensed as a paramedic...may include treatment modalities not specified in the regulations of Connecticut state agencies, provided such treatment modalities are:
 - (1) approved by the Connecticut Emergency Medical Services Medical Advisory Committee...and the Commissioner of Public Health
 - (2) administered at the medical oversight and direction of a sponsor hospital

Provider Level/Scope of Practice

- US Department of Transportation
 - Defines levels of prehospital providers
 - Emergency Medical Responder (EMR)
 - Emergency Medical Technician (EMT)
 - Advanced Emergency Medical Technician (AEMT)
 - Paramedic
 - Outlines national curriculum and educational standards for each level

Provider Level/Scope of Practice

- However - State-specific laws define scope of practice
- Regional and local modifications of specific treatment protocols is common
- Significant variability between states in regards to scope of practice

EMR



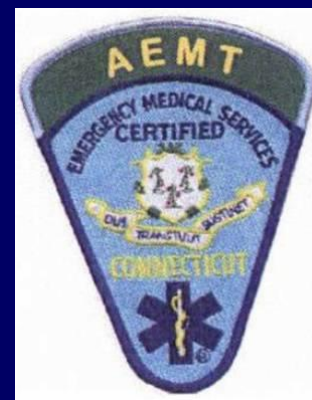
- About 60 hour training
- Additional 6 hours if AED included
- Generally first responders
 - All police/fire in CT leave academies as EMR at minimum
 - Can not be sole transporting provider
- Basic Life Support - basic assessment, care and stabilization
- Naloxone

EMT



- ~150 hours of training plus ride/ED obs
- Basic pt assessment, care, stabilization
- Basic airway management including BVM, OP/NP airways
- Check blood sugar, administer limited meds (O2, glucose, charcoal, epi-pen, NTG, ASA, Naloxone)

AEMT



- CT transitioning to new scope of practice
- ~550 hours of training
- Advanced pt assessment
- IV skills, drugs, airway management
- Designed to bridge the gap in under-resourced areas

Paramedic



- ~1500 hours
- Additional 100 hours ride time
- Advanced pt assessment
- Clinical time in ICU, OR, L&D, ED
- State licensure after National Registry

Paramedic



- Majority of paramedic programs exceed DOT minimum standards
- In order to achieve and maintain accreditation required by State to function as paramedic educational process
- All paramedic training programs have college affiliations - college credits
- Increasing number of programs/providers have college degrees after paramedic training

Import of Paramedic in the System

- Called to address the most critical issues
 - Cardiac Arrest
 - Heart attack
 - Stroke
 - Trauma
 - Life Threatening Allergic Reaction
 - Sepsis (profound infections)
 - Poisonings/overdose
 - Seizures

A Paramedic is...

- A confident leader
- High degree of challenge and responsibility
- Excellent judgment
- Prioritize decisions and act quickly
- Self-disciplined, able to develop patient rapport

A Paramedic is...

- Paramedic must be able to function independently in a non-structured environment that is constantly changing

Data (2015)

- 23,300 providers
- 2,300 paramedics
- 745,449 processed

Data

- Statewide EMS/Trauma Data System in transformation
- Ultimately need bi-directional access to be most efficient.
- Some potential applications/needs
 - High ED Utilizer
 - Heart Failure
 - In home falls of elderly
 - Post hospital discharge