

EMS: The Intersection of Public Safety & Public Health

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Objectives

- Overview of local EMS systems and various organizational structures
- Regulatory oversight of EMS systems and providers, including medical supervision
- Influence of federal policy, government agencies and national organizations on EMS
- EMS Issues, controversies, opportunities, and cardiovascular disease & stroke in particular
- Current and potential role for CVH program and EMS to advance common goals

Local EMS Systems

- First Responder Units (often fire rescue squads, non transport, provide basic life saving interventions or extrication in crashes)
- Ambulance (usually arrives after first responder, transport to hospital, usually trained at higher level than first responder)
- Both play important role in EMS, complementing each other

Ambulance Service Types

- Hospital-based
- Fire-based (<20% in Minnesota)
- Private, for profit or non profit
- Third service (municipal or county owned)
- Volunteer (can also be any of the above)

Regulatory Oversight

- Regulated by enforcement of state law (state statutes and administrative rules) by the state EMS office
- State EMS offices housed in State Health Departments (most common), State Public Safety Department, or independent state board (4 states: MN, MD, KS, KY)
- Some larger metropolitan areas have local EMS ordinance with higher standard than state (response times, 2 paramedic)

Typical Regulatory Oversight

- Minimum staffing requirements
- Medical direction requirements
- Types of care (BLS, ALS)
- Medical procedures and drugs (defib)
- Define coverage area (PSAs in MN)
- Rate regulation (rare)
- Reporting of prehospital data*

EMS Personnel Regulation

- 1st Responder, EMT-B, EMT-I, EMT-Paramedic (most common but varies)
- Initial training and testing requirements
- Background check or self disclosure
- Continuing education and renewal

Influence of Federal Policy &

National Organizations on EMS

- While no federal regulation of EMS exists, national organizations impact EMS
- Model curricula and scopes of practice often adopted at state level (textbooks, licensing exams)
- AHA: Federal grants for AEDs
- FAAN: state epi pen requirements

Issues in Treatment of Cardiovascular Disease and Stroke

- AEDs on every ambulance (but public access – more impact)
- Amiodorone controversy
- TPA (raised public expectations)
- Heart centers (coordinating rapid transport and surgery)
- Stroke Centers

Collaborative Opportunities

- AHA well known and influential on Capitol Hill and state capitols
- Collaborate with NASEMSD, NAEMSP and Advocates for EMS in national priorities
- Regional and State affiliates collaborate with state EMS offices and EMS associations

Collaborative Examples

- Federally-funded AED grants (AHA instrumental in establishing program. Work with state EMS office in prioritizing placement)
- Initial/ongoing training requirements
- Public awareness education (helps EMS)
 - layperson CPR training, symptom recognition, bystander reports to EMS
- Renewed emphasis on and better models of EMS data collection provide new opportunities
*(see next slide)

CVH Statistics from Minnesota State Ambulance Reporting (MNSTAR)

- 7.6% of ambulance calls in Minnesota in past 12 months were cardiac-related (includes primary provider impression of cardiac arrest, chest pain, other cardiovascular)
- 1.5% of ambulance calls were stroke-related (includes stroke and other CNS problem)

Discussion



Ideas and examples of CVH
program and EMS collaboration