

The EMS Escape Fire

Finding our way out of this.

@DownToFifer













25% of private EMS employees plan to leave employer within 1 year.

56% of agencies struggle to find quality recruits.

Fewer providers are optimistic about the future of EMS than last year.

~30% feel they are burnt out and feel frustrated at work.

40% would not recommend EMS as a career to young people.



44.2% of EMS providers **leave** due to
lack of opportunities to advance

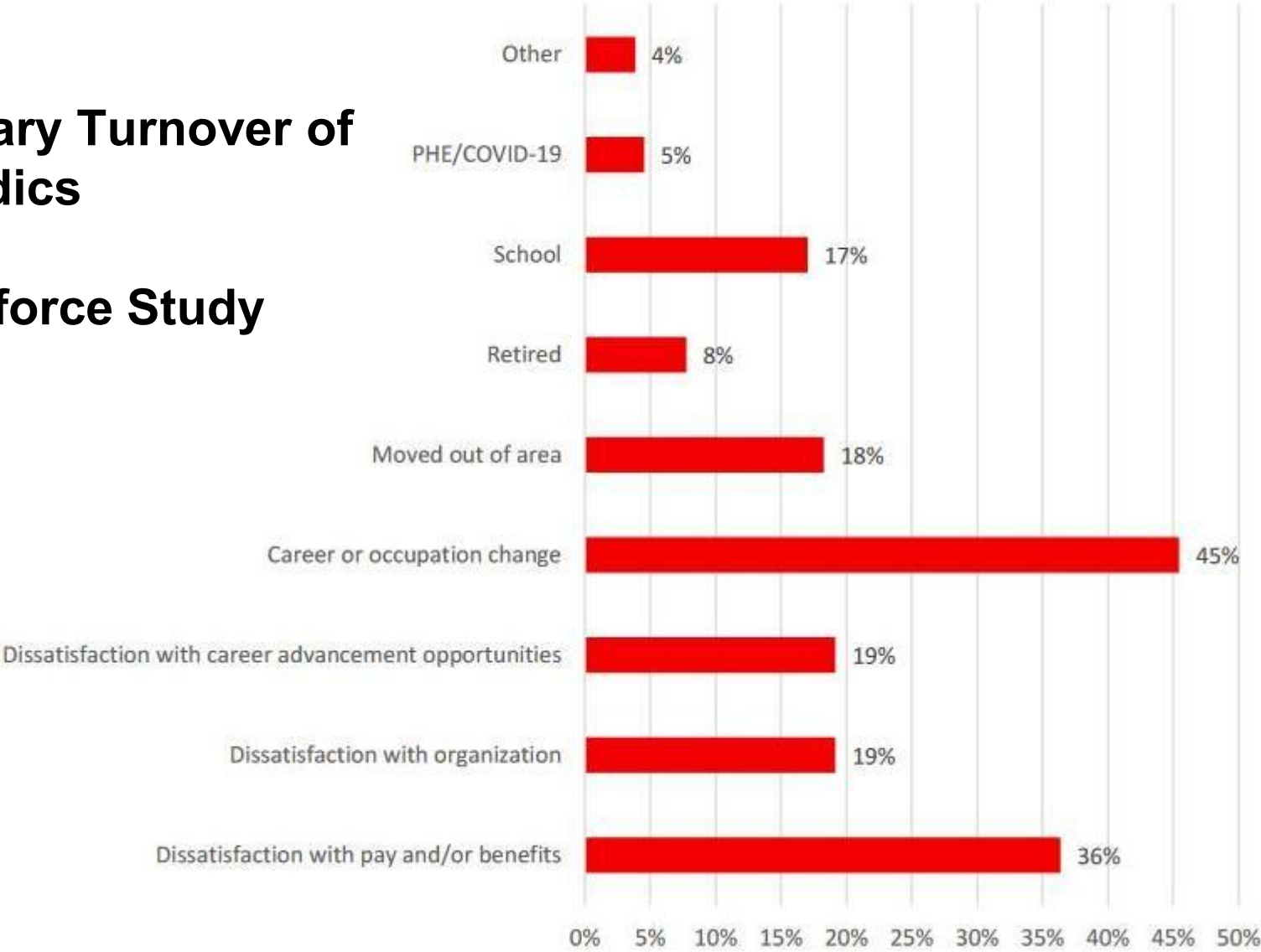
LEADS II, 2017

65% of EMS providers who **leave** the profession
do so **to pursue higher education**

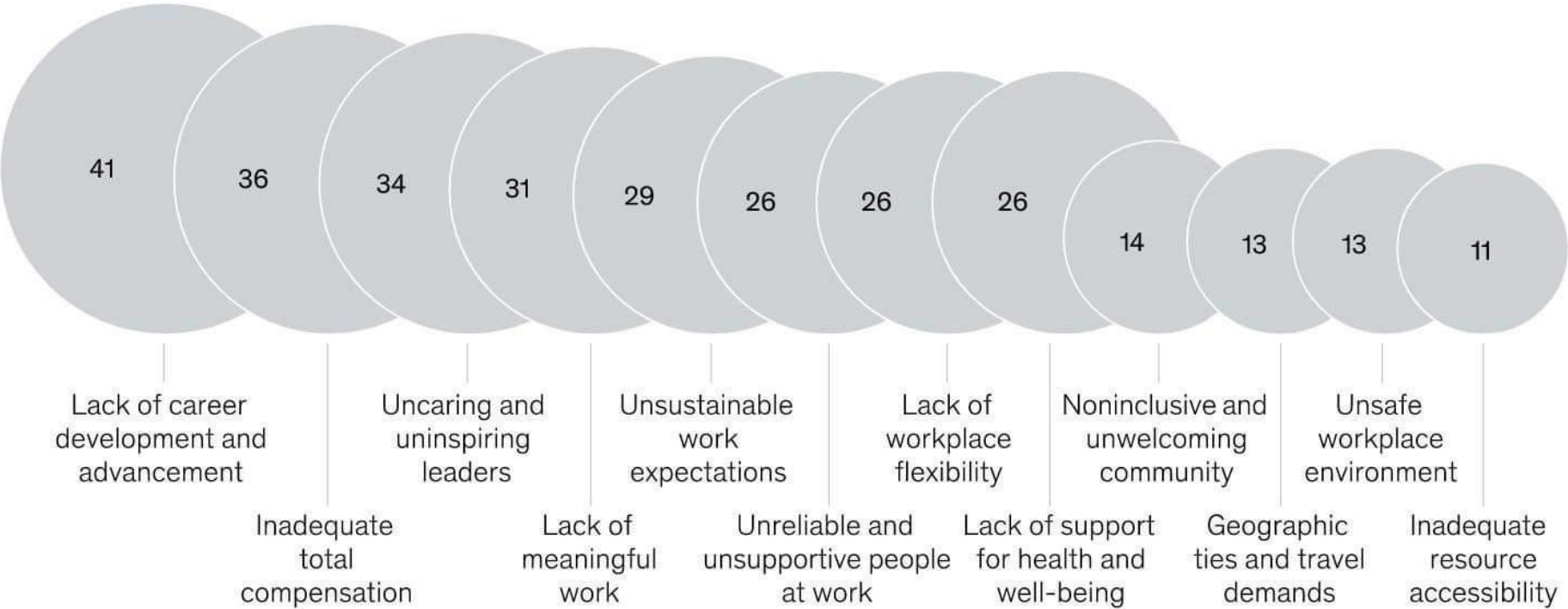
LEADS II, 2017

Reasons for Voluntary Turnover of Paramedics

AAA 2022 Workforce Study



Top reasons for quitting previous job, Apr 2021–Apr 2022, %



Source: Subset of respondents from McKinsey’s 2022 Great Attrition, Great Attraction 2.0 global survey (n = 13,382), including those currently employed and planning to leave (n = 4,939), those currently employed and planning to stay (n = 7,439), and those who quit their previous primary jobs between Apr 2021 and Apr 2022 (n = 1,154)



Self-actualization

desire to become the most that one can be

Esteem

respect, self-esteem, status, recognition, strength, freedom

Love and belonging

friendship, intimacy, family, sense of connection

Safety needs

personal security, employment, resources, health, property

Physiological needs

air, water, food, shelter, sleep, clothing, reproduction

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**People are fleeing EMS
in search of opportunities to thrive**

Focus on creating those opportunitites

**Running the same calls every third day
for 25 years isn't a vibrant career**

Young EMT's know this

Easterlin Paradox:

Money doesn't mean happiness

Education does

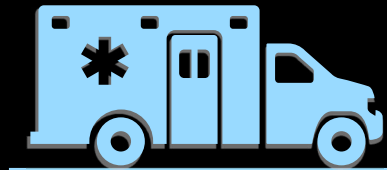
Greater **employment stability**

Greater **resilience** to psychological turmoil

Improved **health and wellness**

Lower rates of **workplace injury**

Greater **career longevity**



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Public Safety

|

Healthcare

Technician

Clinician

Add-On Cert

Single Focus

Obligated

Intentional

Limited Application

Broad Opportunities



“What Should the Minimum Level of Education Be for Paramedics?”

Fitch & Associates, 2019

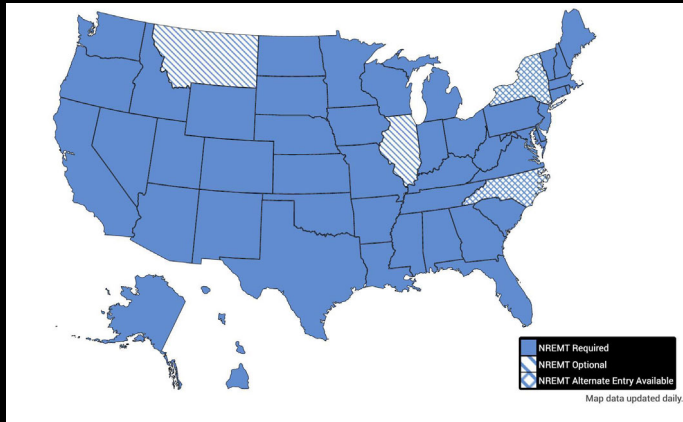
Paramedics: 65% said Associate's Degree

EMT's: 55% said Associate's Degree

Nurses: 70% said Associate's Degree



>60%







1900's: Nursing Bachelor's programs

1950's: Nursing Master's program

1960'-70's: Explosion of ADN programs

1990's: Nursing shortage

1997: Nurse Practitioners authorized to bill CMS

2001: Doctor of Nursing Practice

2008: Consensus Model for APRN

2010: IOM Report on the Future of Nursing

2012: 53% BSN, 47% ADN

Credential



Opportunities

LPN

Limited

ADN

Basic

BSN

Expanded

MSN

Advanced

How We Get Paid Now

Service Level (BLS, ALS 1/2, SCT)
+ Base Rate
Loaded Mileage (Rural Modifier)

[X]

How Practitioners Get Paid

$$\begin{aligned} & (\text{Work RVU} \times \text{GPCI}) \\ + & (\text{Malpractice RVU} \times \text{GPCI}) \\ & (\text{Practice Expenses RVU} \times \text{GPCI}) \end{aligned}$$

[X]

$$[X] \times \text{Conversion Factor} = \text{\$}\text{\$}\text{\$}$$

How do the feds define a “practitioner”?

CMS Practitioners

-Physician Assistant

-Nurse Midwife

-Qualified Psychologist

-Nurse Practitioner

-Physical Therapist

-Occupational Therapist

-Respiratory Therapist

-CRNA

-Clinical Social Worker

CFR 42 §405.400- Practitioners

- Nurse Practitioner**
- Clinical Nurse Specialist**
- Physician Assistant**
- Clinical Social Worker**
- CRNA**
- Nurse Midwife**
- Clinical Psychologist**
- Registered Dietician**

HRSA National Practitioner Data Bank Guidebook

- Behavioral Health Counselors**
- Chiropractor**
- Dentists & Hygienists**
- Optometrist**
- Pharmacists**
- Physicians**
- Podiatrist**
- Respiratory Therapists**
- Occupational Therapists**
- Physical Therapists**
- Speech Pathologist**
- Audiologists**
- Perfusionists**
- Athletic Trainers**



**EMERGENCY TRIAGE, TREAT
AND TRANSPORT (ET3) MODEL**

“Unless also licensed as a **practitioner**, paramedics and EMTs are **not eligible**...

and therefore **do not meet the standard for a qualified health care practitioner** under this model.”

The Practitioner List Can Expand

“...or any other practitioner as may be specified by the [HHS] Secretary”

The True Paramedic Practitioner

X Paramedic + PA-C

X Prehospital APRN

A Paramedic possessing a
clinical Master's degree in
prehospital paramedicine as a specialty
& with a **corresponding scope of practice**

MSP: Master of Science in Paramedicine

Nursing



Paramedicine

LPN

Certificate

ADN

ASP

BSN

BSc.

MSN

MSP

MSP: **Master's in Paramedic Science**

-Strong clinical skills

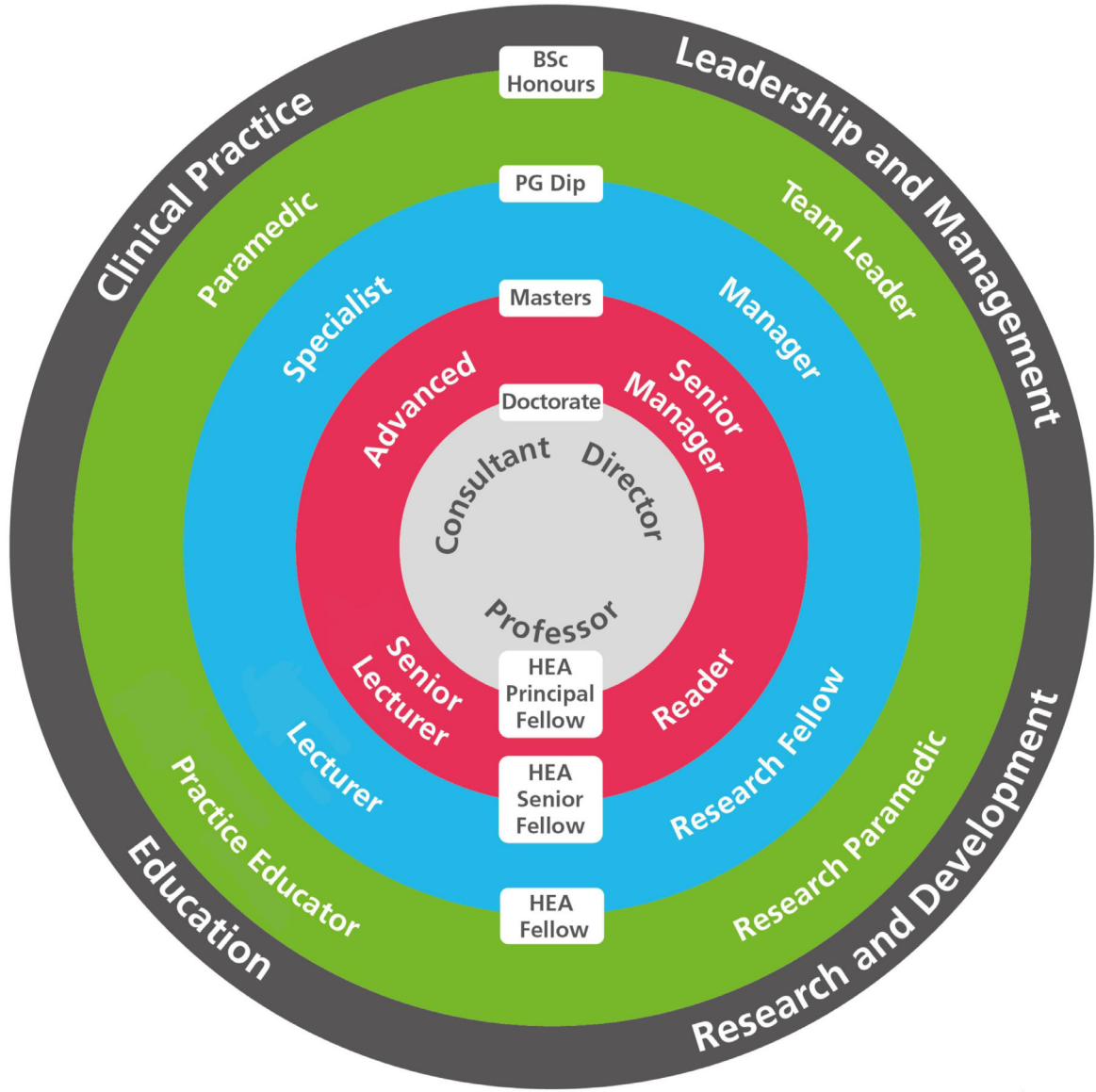
-Interprofessional education

-Public Health/Epidemiology

-Research

-Healthcare Finance

-Areas of specialty





First Responder and Paramedic Credentials in BC

EMERGENCY MEDICAL ASSISTANT: First Responder (EMA FR)	EMERGENCY MEDICAL RESPONDERS (EMR)	PRIMARY CARE PARAMEDICS (PCP)	COMMUNITY PARAMEDICS (CP)	ADVANCED CARE PARAMEDICS (ACP)	PARAMEDIC SPECIALISTS (PS)	CRITICAL CARE PARAMEDICS (Adult, Neonatal, Pediatric and Maternal Critical Care Specialties) (CCP*)
<ul style="list-style-type: none"> • Scene assessment • Vital signs • Patient assessment • Basic wound care • Fracture management • Basic airway management • CPR <p>Endorsements (with additional training, EMA FRs may be approved for the following skills):</p> <ul style="list-style-type: none"> • Oral airways, oral suction, ventilation – oxygenation, pocket mask, bag valve mask • Spinal immobilization • Treatment of hypoglycemia with oral glucose • Emergency child birth 	<p>All services specified under the category of EMA FR, as well as:</p> <ul style="list-style-type: none"> • Cervical collar application and spinal immobilization • Patient handling, packaging and transporting skills • Blood pressure by auscultation/palpation • Glucometer • Emergency fracture immobilization • Soft tissue injury treatment • Administration of semi-automatic or automatic external defibrillator • Airway management <p>Endorsements (with additional training, EMRs may be approved for the following skills):</p>	<p>All services specified for the category of EMR, as well as:</p> <ul style="list-style-type: none"> • Extraglottic airway device • Medicine administration using IV, PO, SC, SL, IM, inhalation and nebulization routes: a) Narcotic antagonists b) Histamine antagonists c) Bronchodilation agents d) Sympathomimetic agents e) Anti-hypoglycemic agents <ul style="list-style-type: none"> • Maintenance of IV lines using infusion pumps and devices <p>Endorsements (with additional training, PCPs may be approved for the following skills):</p>	<p>All services in the category of PCP with IV endorsement, as well as:</p> <ul style="list-style-type: none"> • Community outreach and awareness • A range of services to older patients living with chronic conditions such as diabetes, hypertension, heart failure and COPD • Fall prevention assessments to keep older patients safer in their homes • Scheduled and unscheduled home visits • Health promotion and awareness visits in the community 	<p>All services in the category of PCP, as well as:</p> <ul style="list-style-type: none"> • ECG rhythm interpretation • Manual defibrillation • Cardioversion • Intraosseous placement and infusion • External jugular IV lines • Surgical airways • Chest decompression • Gastric tube and suction • IV medications and infusion maintenance • ETCO2 monitors • IV colloid/crystalloid volume expanders • Administration of the following using the IV, oral, inhaled, nebulized, ET, IO, IM and rectal routes: a) Diuretics b) Anti-coagulants c) Narcotics d) Anti-pyretics e) Anti-cholinergics f) Sedatives 	<p>All services in the category of PCP and ACP, as well as:</p> <ul style="list-style-type: none"> • Administration of hydroxocobalamin (cyanide antidote) • Solo response unit trained • Medical Priority Dispatch System (MPDS) trained • Computer Aided Dispatch (CAD) trained • Trained in dispatch operations, call taking and radio operations • Work in ClinCall supporting Medical Oversight by providing paramedic clinical support and referral • Technical and clinical advisor training: <ul style="list-style-type: none"> a) Hazardous materials 	<p>All services in the category of ACP, as well as:</p> <ul style="list-style-type: none"> • Arterial line placement, management and monitoring • Using an incubator for thermoregulation • Management of central venous pressure monitoring • Esophageal balloon manometry guided mechanical ventilation • Interpretation of laboratory and radiological data including x-rays, CT and ultrasound imaging • Ultrasound guided diagnostics • EEG guided anesthesia planning • Administration of drug therapies on the direct orders of employer



**DEGREE PATHWAYS FOR EMS
AREN'T ABOUT QUALITY OF CARE**



The Role of the Paramedic Practitioner

- Disposition
- Referrals
- Minor procedures
- Low risk prescriptions
- Patient Education
- Diversion from ED
- Fall Prevention

The Paramedic Practitioner & CPT Codes

- CPT 31500: Intubation
- CPT 96360: IV infusion
- CPT 92960: External Cardioversion
- CPT 82962: BGL finger stick
- CPT 94640: Inhaled treatment <1 hour
- CPT 94644: Inhaled treatment > 1 hour
- CPT 94645: Each additional hour >2 of inhaled treatment
- CPT 92950: CPR
- CPT 76705: Ultrasound exam

The Paramedic Practitioner & ICD-10

- Z00: Encounter for General Exam**
- Z01: Encounter for Special Exam**
- Z05: Encounter for Exam of Newborn**
- Z11: Encounter for Screening of Infectious Diseases**
- Z13: Encounter for Screening for Other Diseases**
- Z20: Suspected Exposure to Infectious Diseases**
- Z43: Encounter for Attention to Artificial Openings**
- Z49: Encounter for Other After Care and Medical Care**
- Z66: Do Not Resuscitate**

Medicaid is not suddenly going to pay us
more just because **we whine about it**

Do we have the **qualified faculty**
to teach MSP programs?

How do we **define the purpose**
of Paramedic Practitioners
in contrast to existing roles?

“How Nurse Practitioners Obtained [Practitioner] Status”

O'Brien, 2003

- 1) Recognition of the potential to expand**
- 2) Presenting evidence of value**
- 3) Established standards in education & credentialing**
- 4) Used professional organizations to empower individuals**
- 5) Having a passionate, persistent commitment to the cause**



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