

# Are We Professionals?

Mario J. Weber, JD, MPA, NRP

Alexandria Fire Department

# Overview

- About me
- About you
- Are we professionals?
  - Why?
- Why does it matter?
- What constitutes a professional?
- Developing a code of conduct for EMS

# About Me

# Collegiate EMS

University of Florida



# Law School

University of Michigan



# Lawyer

Washington, DC



# Volunteer EMT

Bethesda-Chevy Chase (MD)  
Rescue Squad



# Paramedic

Alexandria Fire Department



About You

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Are We Professionals?

Why?

Why Does it Matter?

# SCARFACE™

MONEY. POWER. RESPECT.



# Money



# Money

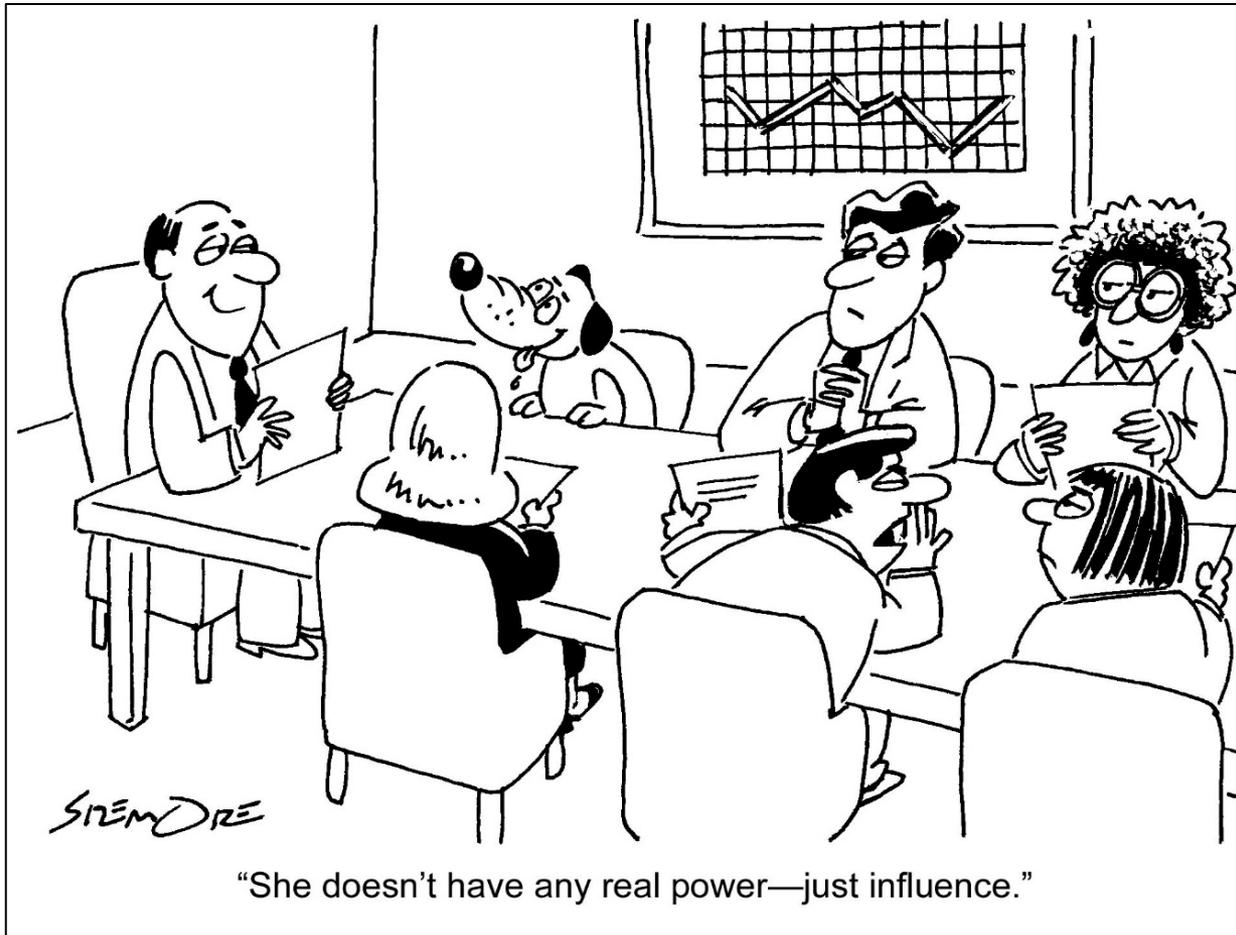
- Average salary for EMTs
  - \$31,849 (nationally)
    - \$15.31/hour
  - \$31,982 (VA/MD/WV/PA)
- Average salary for Paramedics
  - \$41,085 (nationally)
  - \$42,327 (VA/MD/WV/PA)
- Second job
  - Over 40% of full-time EMS providers

# Power

“The capacity or **ability to direct or influence** the behavior of others or the course of events.”

Oxford American Dictionary

# Power (Influence)



# Power (Policy)

## Policy & How to Change It

To realize the potential of EMS in mobile integrated healthcare, we must know how to shape the playing field



Learning  
Evaluation  
Problems



**T**he development of mobile integrated healthcare practice offers great promise for emergency medical services, including the opportunity for EMS to mature into an integral part of the broader healthcare system. Indeed, the proposed MIHP framework envisions that EMS systems will provide the underlying structure for the coordinated delivery of non-emergent (unscheduled), interdisciplinary, patient-centered and cost-effective healthcare—in other words, the right care in the right place at the right time and at the right cost.

For EMS to fully participate in this new model of healthcare delivery, however, several policy obstacles need to be overcome. Specifically, state and local regulations governing scope of practice may require changes to permit EMS providers to deliver non-emergent care. State and federal reimbursement rules will also need to be changed if EMS systems intend to seek reimbursement for clinical care rather than simply ambulance transport.

The implementation of MIHP programs will also have other policy implications, such as the potential application of anti-kickback statutes to non-emergent medical referrals. Consequently, advocates for EMS in the context of MIHP should have a basic understanding of policies, policy process and policy change. The same is true for EMS providers generally. This article discusses the role of policies in EMS, the opportunities for EMS advocates to influence the policy process, and the importance of identifying and taking advantage of opportunities for policy change.

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# Respect

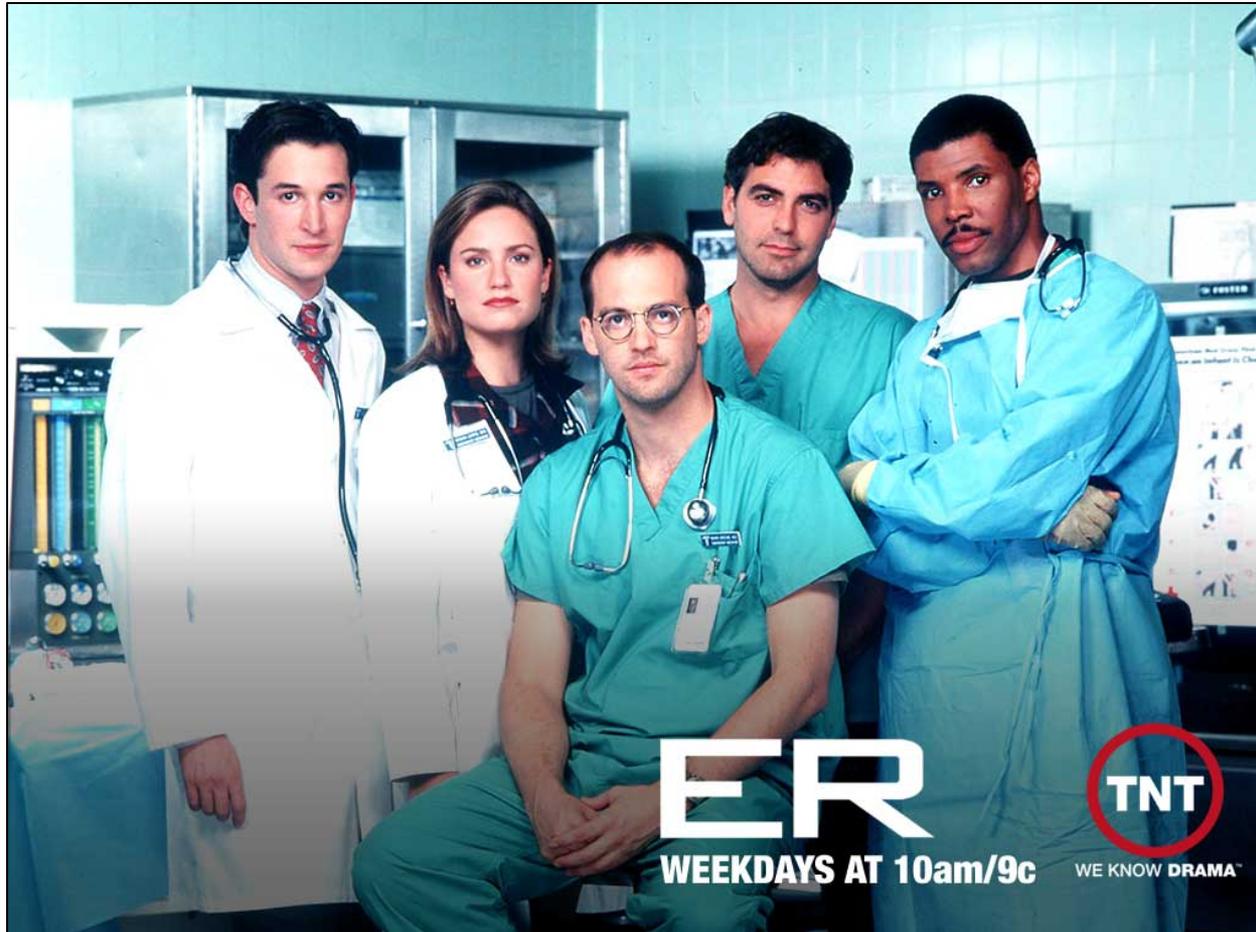
“A feeling of deep admiration for someone or something **elicited by their abilities, qualities, or achievements.**”

Oxford American Dictionary

# Respect (ER Staff)



# Respect (ER Docs)



# Respect (Administration)



# Respect (Management)



# Respect (Policymakers)



# Respect (Other Professionals)



# What Constitutes a Professional?

# Common EMS Themes...

- **Appearance**, Appearance, Appearance
  - Is a clean, neat uniform all it takes?
- **Courtesy**
  - We are in the service industry, right?
- **Etiquette?**
  - “Sir”
  - “Ma’am”
  - “Hey, doc”
  - Firm handshake
  - No smoking or loud music

# Professionalism (Defined)

“the competence or skill expected of a **professional**”

Oxford American Dictionary

# Professional (Defined)

“a person engaged in a specified activity as one’s main **paid occupation** rather than as a pastime”

Oxford American Dictionary

# Professional (Defined)

“having or showing the skill appropriate to a professional person; **competent or skillful**”

Oxford American Dictionary

# Professional (Defined)

“of, relating to, or connected with a **profession**”

Oxford American Dictionary

# Profession (Defined)

“a **paid occupation**, especially one that involves **prolonged training** and a **formal qualification**”

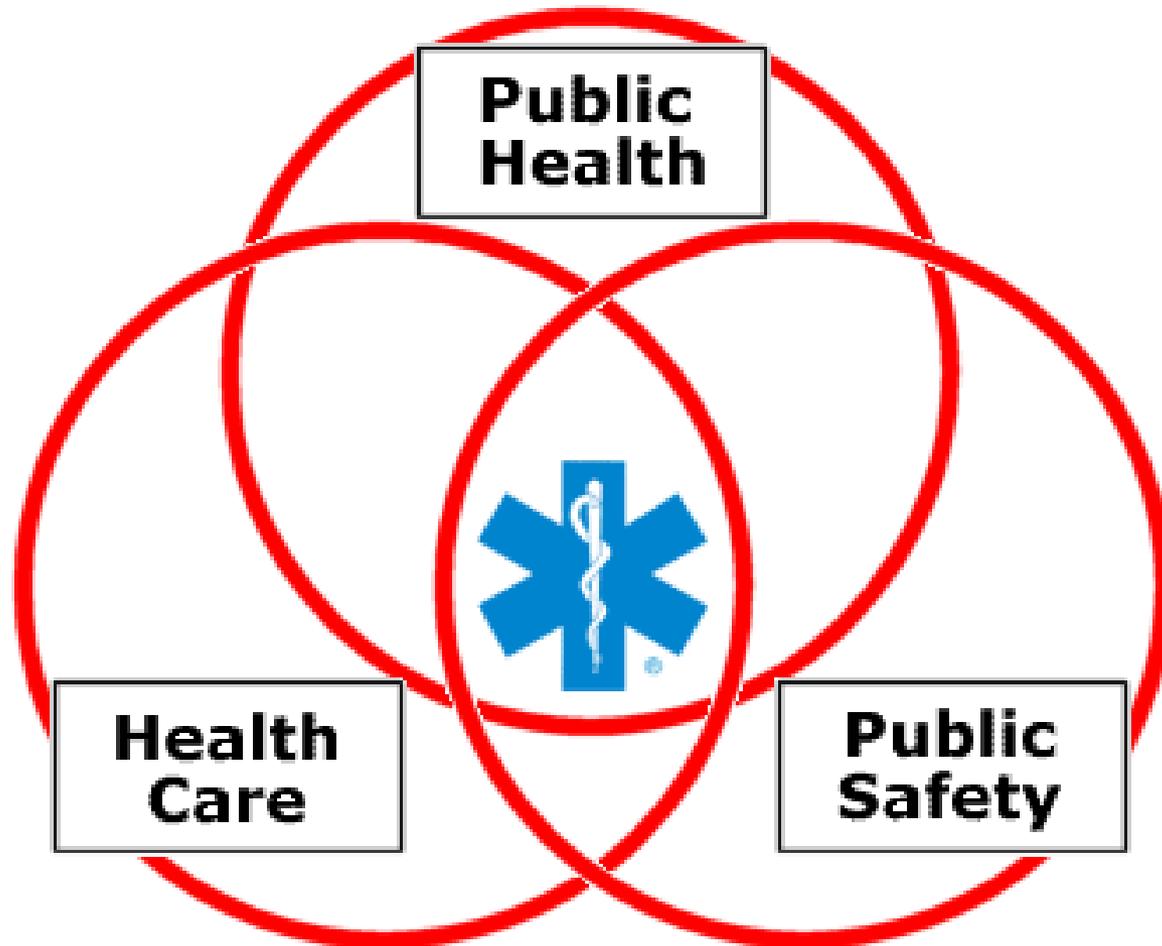
Oxford American Dictionary

# Professionals: An MPA Perspective

“A professional is someone who receives important occupational awards [i.e., money, power, respect] from a **reference group** whose membership is limited to people who have undergone **specialized formal education** and have accepted a **group-defined code of proper conduct.**”

James Q. Wilson, *Bureaucracy* (1989)

# Reference Group



# Specialized, Formal Education

- **Specialized?**

- Is EMS knowledge unique?
  - Medicine
  - Nursing

- **Formal?**

- Vocational training
- Undergraduate training
  - Associates degree
  - Bachelors degree
- Graduate and post-graduate training

# Group-Defined Code of Conduct

- **Professional Norms**
  - What is expected?
  - Based on objective standards
- **Professional Ethics**
  - What is right?
  - Based on subjective values

# Developing a Code of Conduct for EMS

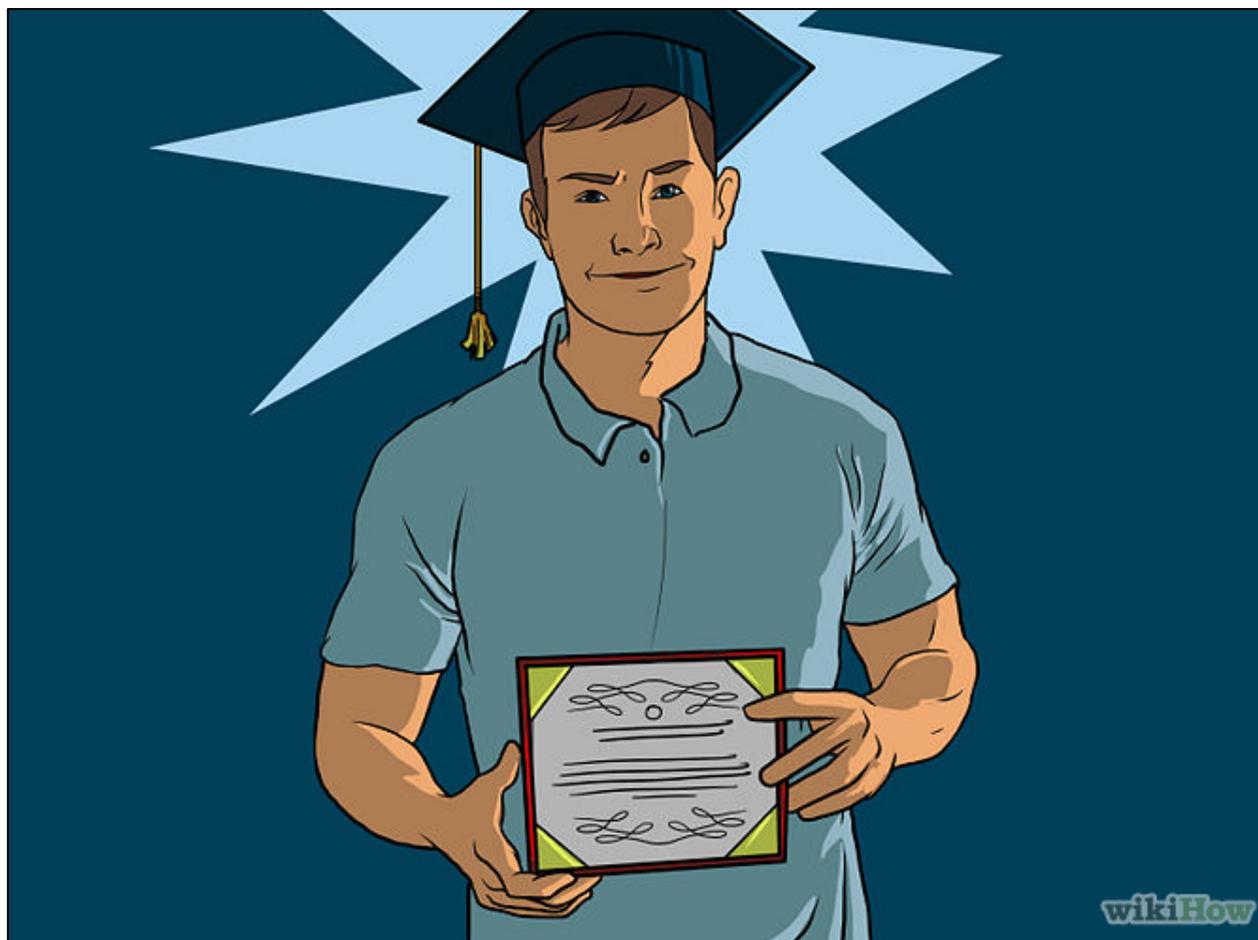
# Preparedness



# Preparedness



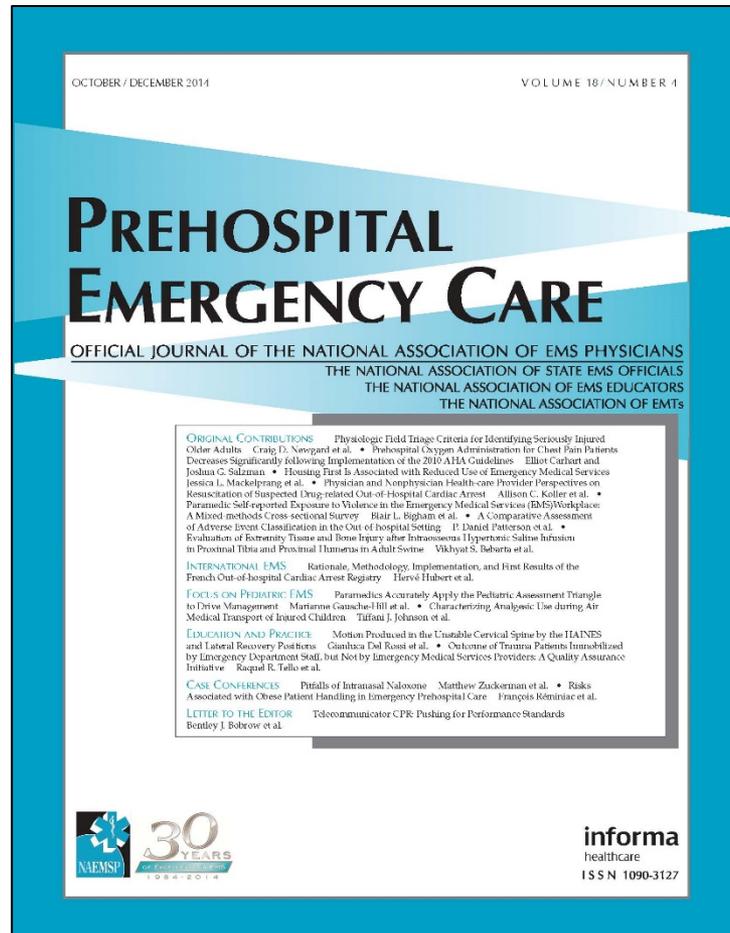
# Competence (Initial Training)



# Competence (Excellence)



# Competence (Scholarship)



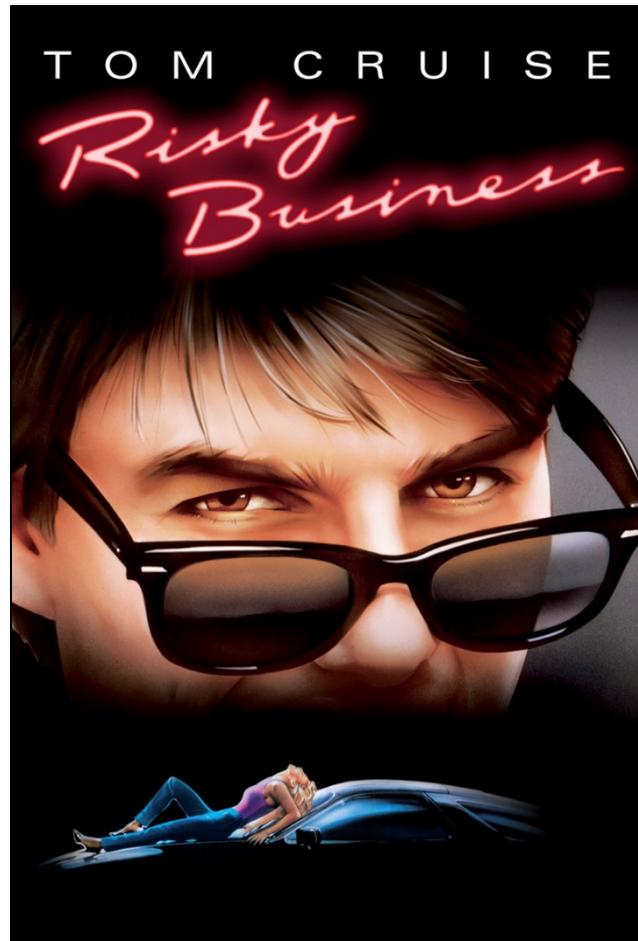
# Personal Accountability

“Well, we got them to the hospital, didn’t we?”

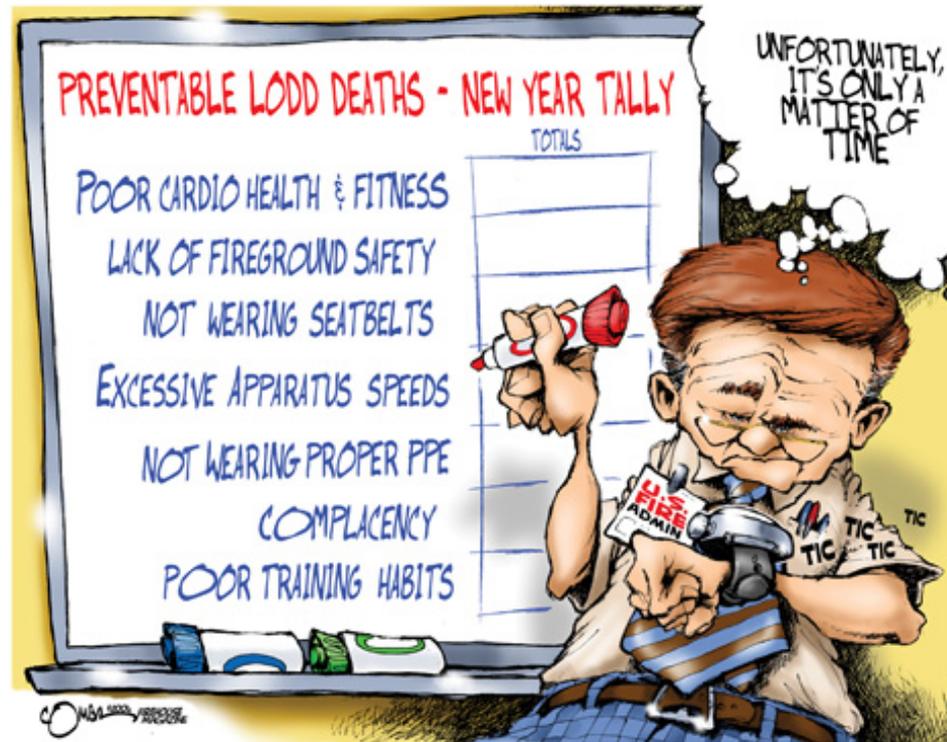
# Personal Accountability

“I’m not a doctor, I don’t diagnose.”

# Risk Tolerance & Safety



# Risk Tolerance & Safety



# Risk Tolerance & Safety



# Patient-Centered Care

- Focuses on **patient's needs and preferences**
- Emphasizes **good communication** by provider
- Allows patient to make **informed decisions** regarding their care
- Supported by **evidence-based information**

# Evidence-Based Care



# Evidence-Based Care

“[T]he prehospital emergency care system provides a stark example of how standards of care and clinical protocols can take root despite an **almost total lack of evidence** to support their use.”

Institute of Medicine, Report on EMS (2007)

# Evidence-Based Care



# Evidence-Based Care



# Evidence-Based Care

- 2008: Conference on the **development of national evidence-based guidelines**
  - Co-sponsored by FICEMS and NEMSAC
  - Focused on the development of a model process for the development of evidence-based guidelines
- 2014: First **evidence-based guidelines published**
  - Pediatric seizures
  - Pain management
  - Helicopter transport
  - External hemorrhage control

# Performance Measurement



# Performance Measurement

“Very little is known about the quality of care delivered by EMS. The reason for this lack of knowledge is that there are no nationally agreed-upon measures of EMS quality and virtually no accountability for the performance of EMS systems.”

Institute of Medicine, Report on EMS (2007)

# Performance Measurement

“Regular measurement of outcomes and results, which generates reliable data on the effectiveness and efficiency of programs.”

U.S. Department of State

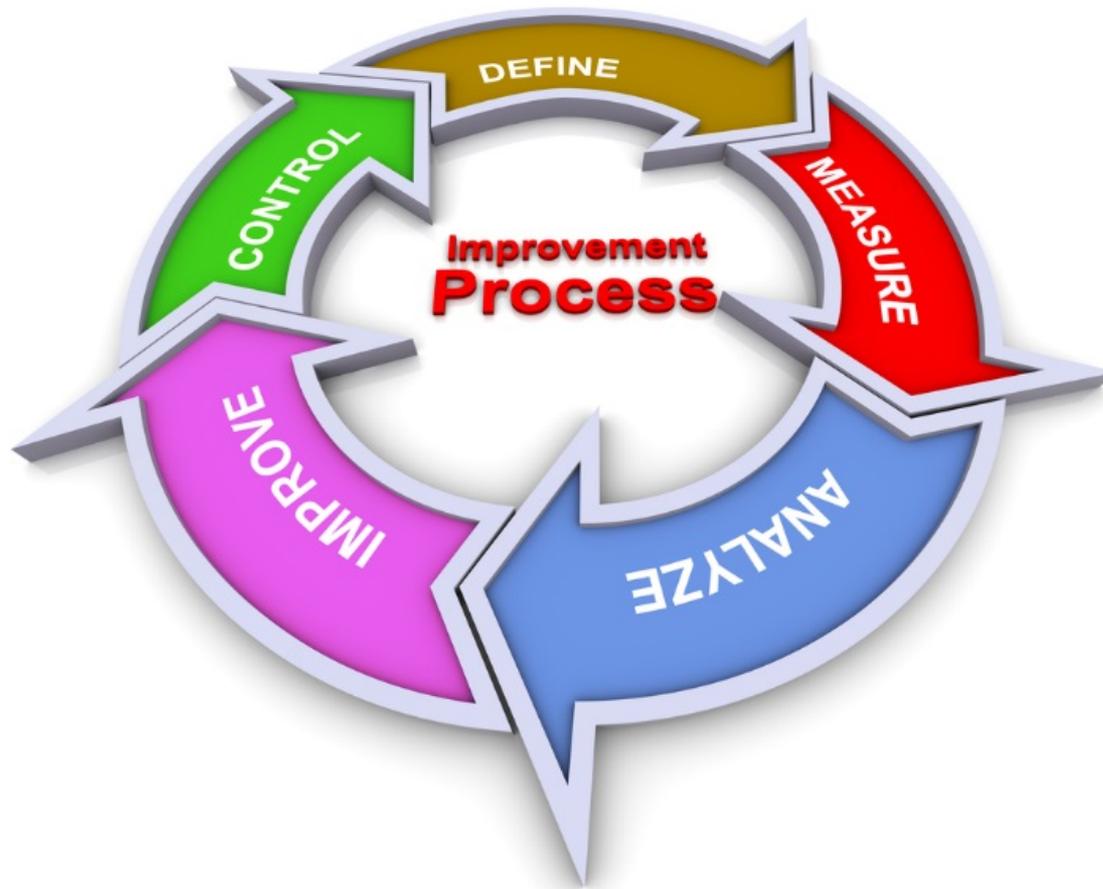
# Performance Measurement

- 2008: First set of **clinical** EMS performance measures published
  - Focused on treatment “bundles” for several conditions
    - STEMI
    - Pulmonary edema
    - Asthma
    - Seizures
    - Trauma
    - Cardiac arrest
  - Based on evidence of **number-needed-to-treat (NNT)**

# Performance Measurement

- 2014: New federal initiative to develop EMS performance measures
  - Two-year project
  - Collaboration between NASEMSO and NHTSA
  - Goal is to develop performance measures “derived from the latest published literature and identified best practices”
  - Stakeholder meeting scheduled for December 2<sup>nd</sup> in Washington, DC

# Quality Improvement



# Quality Improvement

“Continuous and ongoing efforts to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality services or processes which achieve equity and improve the health of the community.”

Riley et al., Defining Quality Improvements in Public Health (2010)

# Quality Improvement

- Understand your **systems and processes**
  - Both resources (inputs) and activities (processes) must be addressed to improve quality of care (outputs)
- Focus on **patients** (i.e., patient-centered care)
  - Needs and expectations of patients and the community
- Focus on being part of the **team**
  - Issues are complex, necessitating a team approach
- Focus on the use of **data**
  - Separates fact (what is actually happening) from fiction (what we think is happening)
  - Allows for monitoring of changes and benchmarking

# Summary

- The jury is still out on whether we are professionals
- Professionalism is about more than just appearance
- EMS should develop professional norms and ethics
  - Preparedness
  - Competence
  - Personal accountability
  - Risk tolerance and safety
  - Evidence-based care
  - Performance measurement
  - Quality improvement

# Questions?

Mario J. Weber

[mario.weber@m10-solutions.com](mailto:mario.weber@m10-solutions.com)