

History of EMS

The Highway Safety Act of 1966 required each state to establish a highway safety program that met prescribed federal standards and included Emergency Services.

The Emergency Medical Services System Act of 1973 provided access to millions of dollars of funding geared toward EMS system planning and implementation, personnel availability and training.

In the 1960s, cardiopulmonary resuscitation (CPR) procedures were developed, and in the 1970s the American Heart Association began to teach CPR and basic life support to the public.

In 1993, the National Registry of EMTs released the National Emergency Medical Services Education and Practice blueprint which defines issues related to EMS training and education and is intended to guide the development of national training.

In 1996, the NHTSA published EMS Agenda for the Future, a document with the intent of making EMS a greater component in the health care system in the US.

In 2005, the NHTSA and Health Resources and Services Administration published the National EMS Scope of Practice Model, which defines the four levels of EMS licensure and the corresponding knowledge and skills required at each

In 2006, the Institute of Medicine report, The Future of EMS Care: EMS at the Crossroads, recommended that all state governments adopt a common scope of practice that allows for reciprocity between states, and national certification as a prerequisite for state licensure and local credentialing.

In 2014, the National EMS Advisory Council recommended an update to the 1996 EMS Agenda for the Future to pave the way for the industry's continued evolution.

Technical Assistance Program Assessment Standards

Regulation and Policy	Each state must have laws, regulations, policies, and procedures that govern its EMS System
Resource Management	Each state must have central control of EMS resources so that each locality and all patients have equal access to acceptable emergency care.
Human Resources and Training	All personnel who staff ambulances and transport patients must be trained to at least the EMT level.
Transportation	Patients must be provided with safe, reliable transportation by ground or air ambulance.
Facilities	Each seriously ill or injured patient must be delivered in a timely manner to an appropriate medical facility
Communications	A system of communications must be in place to provide public access to the system and communication among the dispatcher, EMS personnel, and the hospital.
Public Information and Education	EMS personnel should participate in programs designed to educate the public in the prevention of injuries and how to properly and appropriately access the EMS system.
Medical Direction	Each EMS System must have a physician as a medical director to provide medical oversight that includes overseeing patient care and delegating appropriate medical practices to EMTs and other EMS personnel.



By **Izzy** (izzywittek234)

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Technical Assistance Program Assessment Standards (cont)

Trauma Systems	Each state must develop a system of specialized care for trauma patients, including one or more trauma centers and rehabilitation programs, plus systems for assigning and transporting patients to those facilities
Evaluations	Each state must have a quality improvement system for the continual evaluation of and upgrades to the system.
Clinical Quality	The clinical performance of EMS personnel must be of a quality that achieves the set patient outcomes.
Service Quality	The performance of the system must be of a quality that meets the needs of the patients, public, and other communities of interest.
Economic Efficiency	A demand for high-quality services associated with a reasonable cost is economically more efficient.
Accountability	Accountability ensures the system meets the needs of the patients and the public
Improvement	The EMS system must continually strive to improve to deliver better care to the patients.
Resilience	The system must adapt to changes that directly and indirectly affect its operations and stability

Key Terms

Advanced Emergency Medical Technician (AEMT)	Provides both basic and limited advanced medical care and transportation in pre-hospital environments. Can monitor blood glucose levels, initiate IV and IO infusions, and administer some medications
Americans with Disabilities Act (ADA)	Protects individuals who have a documented disability from being denied initial or continued employment based on their disability.
Community Paramedic (CP)	services provided by the EMS agency and personnel that are administratively and clinically integrated with other healthcare entities
Emergency Medical Responder (EMR)	Provides immediate lifesaving care to patients while they are waiting for higher level responders to arrive on scene. Uses basic airway, ventilation, and oxygen therapy devices; take vital signs and provides spine stabilization.
Emergency Medical Technician (EMT)	Provides basic emergency medical care and transportation to patients. Uses more advanced oxygen therapy and ventilation equipment than the EMR, pulse oximetry, use of automatic blood pressure monitoring equipment and limited medication administration
EMS System	Permits patient care to begin at the scene of injury or illness, and extends from time of injury or illness to the time of rehabilitation or discharge.

Key Terms (cont)

Evidence-based Guidelines (EBG)	Development of medical guidelines based on scientific evidence and research studies
Evidence-based Medicine	Medical practice based on scientific evidence that certain procedures, medications, and equipment improve patient outcome
Direct Medical Oversight	Real-time oversight or medical direction provided by a physician to an EMS provider seeking immediate feedback or direction; can be online or on-scene
Indirect Medical Oversight	The routine duties and responsibilities of the EMS medical director, including the creation of protocols and standing orders
Medical Direction	Medical policies, procedures, and practices that are available to EMS providers either off-line or on-line
Medical Director	Physician who is legally responsible for the clinical and patient care aspects of the EMS system
Medical Oversight	The medical director's broad responsibilities, including all clinical and administrative functions and activities necessary to exercise ultimate responsibility for the emergency care provided by individual personnel and the entire EMS system.



Key Terms (cont)

Mobile Integrated Healthcare (MIH) Provision by a variety of healthcare entities and practitioners of patient-centered health care in the out-of-hospital environment using mobile technology and resources and integrated administratively or clinically with the EMS system

Off-Line Medical Direction Medical policies, procedures, and practices that medical direction has established in written guidelines.

On-Line Medical Direction Direct orders from a physician to a prehospital care provider given by radio or telephone

On-Scene Medical Direction Medical direction provided by an EMS medical director physician who is on scene with the EMS crew

Paramedic Provides the highest level of prehospital care. Perform advanced patient assessments, forms a field impression, and provides invasive and drug interventions as well as transport. Their care is designed to reduce disability and death of patients.

Prehospital Care Emergency treatment given to patients before they are transported to a hospital or other facility.

Protocols the policies and procedures for all components of an EMS system

Quality Improvement (QI) A system of internal and external reviews and audits of an EMS system to ensure a higher quality of care

Key Terms (cont)

Standing Orders Preauthorized treatment procedures; a type of treatment protocol



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