



**RECOMMENDATION FOR CONSIDERATION**

Board Meeting Date: March 26, 2014

Subject: Advanced EMT Integration Recommendations

VTR#: 0314-03

Committee/Task Force: AEMT Task Force

Recommended Goal

Recommended Policy Change

Other:

**Recommendation:**

**The Department of Health should consider the recommendations contained in the attached document prior to integrating the Advanced Emergency Medical Technician into Pennsylvania's EMS system.**

**Rationale [Background]:**

Please see the background and rationale contained in the attached document.

**Medical Review [Concerns]:**

The PEHSC Medical Advisory Committee has discussed the integration of the AEMT as an intermediate advanced life support provider. The MAC believes the AEMT may provide benefit to areas of the Commonwealth that are underserved by ALS resources above the AEMT level (paramedic level care). There was some debate among the members regarding the AEMT establishing intravenous access and other associated skills. A poll conducted with the MAC physicians indicate support for these skills if performed presence of a provider above the AEMT level or under direct medical command.

**Fiscal Concerns:**

The attached document contains specific recommendations to ensure an intermediate ALS agency can pursue appropriate reimbursement when performing an ALS assessment and interventions.

It is incumbent upon an EMS agency considering licensure as an intermediate advanced life support unit to fully understand the costs and revenue returns associated with providing advanced level care.

**Educational Concerns:**

The AEMT in Pennsylvania will receive education consistent with the learning objectives set forth in the NHTSA "National EMS Education Standards." Educational concerns related to the AEMT's scope of practice are discussed in the attached document.

**Plan of Implementation:**

Recommendations related to implementation are contained in the attached document.

The PEHSC Committee/Task Force offers consultation to the Department in regard to the content of this Vote to Recommend (VTR) and its attached documents. The PEHSC Committee/Task Force specifically offers staff or member support to participate in Department deliberations regarding this recommendation in an effort to convey committee/task force discussions.

**Board Meeting Comments/Concerns:**

Signed: David Jones  
President

Date 3/27/14

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For PEHSC Use Only – PA Department of Health Response

Accept: \_\_\_\_\_ Table: \_\_\_\_\_ Modify: \_\_\_\_\_ Reject: \_\_\_\_\_

Comments:

Date of Department Response: \_\_\_\_\_

# Pennsylvania Emergency Health Services Council

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## Advanced EMT Implementation Recommendations

### Background

#### **General:**

The primary focus of the Advanced Emergency Medical Technician (AEMT) is to provide basic and limited advanced life support care and transportation for critical and emergent patients who access the emergency medical services system. The major difference between the AEMT and EMT is the ability to perform those limited advanced skills and pharmacological interventions.

In its 2014 presentation, "A New Day in EMS Education," the National Association of State EMS Officials characterized the role of the Advanced Emergency Medical Technician as "An EMT plus, not a Paramedic minus." The AEMT performs skills that are between the former EMT-I 85 and EMT-I 99. This intermediate level provider may provide high value for a modest additional investment in time and cost beyond the EMT level. It is however important to note that the AEMT is not intended to replace paramedics who are capable of providing more comprehensive advanced medical care.

As we prepare to integrate the AEMT into Pennsylvania's EMS system, PEHSC recommends the Department of Health proceed using the following overarching principles:

1. AEMT education programs delivered by accredited educational institutes should be consistent with the NHTSA National EMS Education Standards.
2. The AEMT should be recognized by the Department of Health as an advanced life support provider.
3. The AEMT's scope of practice in Pennsylvania should reflect, in its entirety, the AEMT skills in the NHTSA National Scope of Practice Model.
4. Approved AEMT skills, above the level of an EMT, including patient assessment, should be recognized by the Department of Health as ALS skills.
5. An intermediate advanced life support vehicle, staffed by an AEMT, should not replace an advanced life support vehicle capable of delivering care above the AEMT level if available.

#### **Education:**

The AEMT in Pennsylvania will receive education based on the 2009 National Highway Traffic Administration "National Emergency Medical Services Education Standards." Following completion of an AEMT course, the student's cognitive and psychomotor skill competency will be evaluated by the National Registry of Emergency Medical Technicians.

The content of the NREMT evaluation process is based on a number of factors, including national education standards, scope of practice model and a practice analysis. This practice analysis is completed every 5 years to develop a clear and accurate picture of the current job being performed by a particular

provider group. It is incumbent upon the EMS educational institution to provide a course of instruction that prepares the student to gain entry-level mastery of the requisite knowledge and skills required to successfully pass the NREMT cognitive and psychomotor skills exam. Psychomotor skills include, but not limited to, establishing intravenous access, initiation of intravenous crystalloid fluids, initiation of saline locks or administration of intravenous bolus medication are included in the NREMT exam.

EMS educators, serving on the PEHSC task force, believe that provider interest, and consequently enrollment in an AEMT program may be adversely affected if the Department does not implement a scope of practice consistent with the national scope model. A provider may not be motivated to commit the time and expense needed to advance their knowledge and skill set if they will not be permitted to perform ALS skills identified in the national scope model. Furthermore, aligning the PA AEMT scope of practice with the national scope model also provides for certification portability when applying for reciprocity in another State.

### **Deployment:**

In Pennsylvania, we envision an EMS agency deploying AEMTs in one of two (2) ways:

1. As initial independent responders on an Intermediate ALS squad or ambulance: This tiered response will not replace advanced life support care above the AEMT level if available. However, the AEMT may be a viable option to provide high-benefit, low risk advanced skills in communities that are underserved by ALS care above the AEMT level.
2. Alongside paramedics in an ALS squad or ambulance: In this scenario the critically ill/injured patient will benefit from having their care provided by two ALS-level providers. The AEMT will, under the direction of a paramedic, be able to complete time consuming procedures, e.g. the placement of peripheral intravenous lines, which will allow the paramedic to focus on airway management, consultation with medical command or continue to evaluate and formulate an ongoing care plan.

When providing intermediate ALS care in either scenario, the AEMT should have the ability to perform ALS skills based, at a minimum, on the national scope of practice model. Skills involving IV/IO access, initiation of intravenous crystalloid fluids or saline locks, or administration of any intravenous bolus medication should be restricted to when the AEMT is practicing in the presence of a provider above the AEMT level or under direct medical command.

Prior to implementing AEMT practice statewide, the Department of Health, with input from PEHSC, should consider conducting a pilot, demonstration project or beta test in one or more EMS regions. The purpose of the project will be to identify best practices for EMS agencies considering licensure at the intermediate advanced life support level. The Department, in its role as the lead EMS agency, will benefit from insight gained during the project as they prepare for statewide integration of intermediate ALS with the advanced emergency medical technician.

### **Reimbursement:**

In accordance with Medicare and Medicaid guidelines, transporting EMS agencies that perform advanced life support assessment and intervention(s) are permitted to seek reimbursement at an ALS level.

As the AEMT (formerly EMT-I) has been recognized by most other states as an ALS provider, it is essential that the Pennsylvania Department of Health also recognize the AEMT as an ALS provider. Skills performed by the AEMT, above the EMT level, including, but not limited to, performing an ALS assessment, IV/IO access, supraglottic airway insertion and medication administration should be designated as an ALS skill.

If the Pennsylvania scope of practice document includes additional skills, above the EMT level, that are not listed in the national scope model, those skills should be designated as ALS skills. These skills, as listed in the current draft Pennsylvania scope of practice document include:

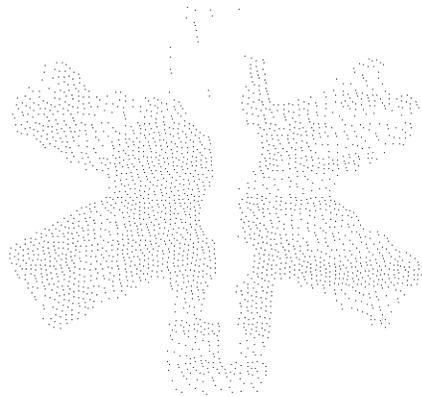
- End-Tidal CO2 Monitoring
- Impedence Threshold Device
- Peak Expiratory Flow Assessment
- Obtain and Transmit 12 Lead EKG
- Eye Irrigation – Morgan Lens

If the Pennsylvania Department of Health implements the AEMT as recommended, reimbursement would not be jeopardized for ALS agencies providing care above the AEMT level.

### **Task Force Recommendations**

1. Prior to implementing AEMT practice statewide, the Department of Health, with input from PEHSC, should consider conducting a pilot, demonstration project or beta test utilizing one or more EMS regions.
2. The scope of practice for the AEMT in Pennsylvania should be implemented in a manner consistent with the psychomotor skills listed in National Highway Traffic Safety Administration “National EMS Scope of Practice Model.”
3. Psychomotor skills performed by an AEMT, above the EMT level, should be designated as an ALS skill including, but not limited to, performing an ALS assessment, IV/IO access, supraglottic airway insertion and medication administration.
4. Statewide EMS treatment protocols should be created for the AEMT that incorporate the psychomotor skills listed in the national scope model.
5. Psychomotor skills associated with establishing IV/IO access, initiation of intravenous crystalloid fluids or saline locks, and administration of any intravenous bolus medication should be restricted to when the AEMT is practicing in the presence of a provider above the AEMT level or under direct medical command.

6. Statewide EMS treatment protocols should stipulate that an AEMT may not cancel a responding unit capable of care above the AEMT level if the AEMT initiates or intends to initiate advanced life support procedures, except if the time required for the higher level unit to reach the scene or rendezvous point exceeds the transport time to the closest appropriate receiving facility.
7. The Department should provide advice to the Pennsylvania Emergency Management Agency and/or PSAPs regarding dispatch of intermediate advanced life support squads/ambulances. Specifically, dispatch of an ALS unit capable of providing care above the AEMT level should not be withheld due to the response of an intermediate advanced life support unit staffed by an AEMT when the local dispatch protocol indicates the need for an ALS response.



## **Appendix: Scope of Practice Crosswalk**

<b>Skill Description</b>	<b>National SOP Model</b>	<b>PA Draft SOP</b>	<b>Notes/Recommendation</b>
<b>Skill - Airway/Ventilation/Oxygenation:</b>			
Airway - Esophageal	Yes	No	
Airway – Supraglottic	Yes	Yes	
Airway –Nasal	Yes	Yes	
Airway – Oral	Yes	Yes	
Bag-valve-mask (BVM)	Yes	Yes	
BIPAP/CPAP	No	Yes	
ChestDecompression - Needle	No	No	
Chest Tube Placement – Assist Only	No	No	
Chest tube – Monitoring and Management	No	No	
Cricoid pressure (Sellick's Maneuver)	Yes	No	
Cricothyrotomy – Needle	No	No	
Cricothyrotomy – Percutaneous	No	No	
Demand valve – Manual	Yes	Yes	
End tidal CO2 Monitoring	No	Yes	Designate as ALS skill
Gastric decompression – NG Tube	No	No	
Gastric decompression – OG Tube	No	No	
Head Tilt -Chin Lift	Yes	Yes	
Intubation – Nasotracheal	No	No	
Intubation - Orotracheal	No	No	
Impedence Threshold Device	-	Yes	Designate as ALS skill
Jaw-Thrust	Yes	Yes	
Jaw-Thrust - Modified	Yes	Yes	
Mouth-to-Barrier	Yes	Yes	
Mouth-to-Mask	Yes	Yes	
Mouth-to-Mouth	Yes	Yes	
Mouth-to-Nose	Yes	Yes	
Mouth-to-Stoma	Yes	Yes	
Obstruction –Direct Laryngoscope	No	No	
Obstruction – Manual	Yes	Yes	
Oxygen therapy -- Humidifiers	Yes	Yes	
Oxygen therapy – Nasal cannula	Yes	Yes	
Oxygen therapy – Non- Rebreather	Yes	Yes	
Oxygen therapy – Partial Rebreather	Yes	Yes	
Oxygen therapy – Simple Face Mask	Yes	Yes	
Oxygen therapy – Venturi Mask	Yes	Yes	
Peak Expiratory Flow Assessment	-	Yes	Designate as ALS skill

PEEP –Therapeutic	No	No	
Pulse Oximetry	Yes	Yes	
Suctioning - Stoma/Tracheostomy	-	Yes	
Suctioning – Upper airway	Yes	Yes	
Suctioning – Tracheobronchial	AI	Yes	
Ventilator – Automated transport (ATV)	Yes	Yes	PA Scope- Single Mode
<b>Skill - Cardiovascular/Circulation:</b>			
Cardiac Monitoring – Multi-Lead Interpretive	No	No	
Cardiac Monitoring – Single Lead Interpretive	No	No	
Cardiac Monitoring - Apply Electrodes	-	Yes	
Cardiac Monitoring - Obtain/Xmit 12 Lead EKG	-	Yes	Designate as ALS skill
Cardiopulmonary Resuscitation	Yes	Yes	
Cardioversion – Electrical	No	No	
Carotid Massage	No	No	
Defibrillation – Automated /Semi Automated	Yes	Yes	
Hemorrhage control – Direct Pressure	Yes	Yes	
Hemorrhage control – Tourniquet	Yes	Yes	
Internal Cardiac Pacing – Monitoring	No	No	
MAST/PASG	Yes	No	
Mechanical CPR device	A	Yes	
Transcutaneous pacing - manual	No	No	
<b>Skill - Immobilization:</b>			
Spinal Immobilization – Cervical Collar	Yes	Yes	
Spinal Immobilization - Helmet Removal	-	Yes	
Spinal Immobilization – Long Board	Yes	Yes	
Spinal Immobilization – Manual	Yes	Yes	
Spinal Immobilization – Seated Patient	Yes	Yes	
Spinal Immobilization – Rapid Extrication	Yes	Yes	
Extremity Stabilization -Manual	Yes	Yes	
Extremity Splinting	Yes	Yes	
Splint – Traction	Yes	Yes	
Mechanical Patient Restraint	Yes	Yes	
Emergency moves - Endangered Patient	Yes	Yes	
<b>Skill - Medication Administration:</b>			
Assisting patient w/ own med	Yes	Yes	
Aerosolized/nebulized	Yes	Yes	
Buccal	L	No	
Endotracheal tube	No	No	

Inhaled - Self Administered	Yes	Yes	
Intramuscular	Yes	Yes	
Intranasal	Yes	Yes	
Intravenous Push	L	No	Should be permitted in PA
Intravenous Piggyback	No	No	
Nasogastric	No	No	
Oral	Yes	Yes	
Rectal	No	No	
Subcutaneous	L	Yes	
Sublingual	L	Yes	
Auto Injector	Yes	Yes	Self/Peer Care or Pt's own med
Auto Injector - Benzodiazepine for Seizure	-	Yes	
<b>Skill - IV Initiation/Maintenance Fluids:</b>			
Arterial Line - Capped for Transport	-	Yes	
Assessing Indwelling Catheters	No	No	
Central Line Monitoring	No	No	
Intraosseous Access	Ped	No	Should be permitted in PA
Intravenous Access	Yes	No	Should be permitted in PA
Intravenous Initiation - Peripheral	Yes	No	Should be permitted in PA
Intravenous - Maintenance of Non-Med Fluid	Yes	No	Should be permitted in PA
Intravenous - Maintenance of Med Fluid	No	No	
<b>Skill Miscellaneous:</b>			
Assisted Delivery - Childbirth	Yes	Yes	
Assisted Complicated Delivery - Childbirth	Yes	Yes	
Blood Glucose Monitoring	Yes	Yes	
Blood Pressure Monitoring - Automated	Yes	-	Included in ALS/BLS Assessment
Blood Pressure Monitoring - Manual	Yes	-	Included in ALS/BLS Assessment
Eye Irrigation	Yes	Yes	
Eye Irrigation - Morgan Lens	No	Yes	Designate as ALS skill
Patient Assessment - ALS	-	No	Should be permitted in PA
Patient Assessment - BLS	-	Yes	
Patient Management Per Protocols	-	Yes	
Thrombolytic Therapy - Initiation	No	No	
Thrombolytic Therapy - Monitoring	No	No	
Urinary Catheterization	No	No	
Venous Blood Sampling	No	No	
Blood Chemistry Analysis	No	No	

<b>National Scope Model Legend:</b>			
A - Requires Additional Specialty Training			
AI - Already Intubated			
L - Limited			
Ped - Pediatric Only			

