North Dakota EMS Association
Position Paper

Quick Response Units Transporting Patients

Introduction

The North Dakota EMS Association (NDEMSA) recognizes that licensed ambulance services in North Dakota have faced numerous struggles to continue operating in a sustainable manner. These challenges have resulted in some ambulance services decreasing their licensure level to Quick Response Units (QRU) or ceasing operation altogether. Given the geographical challenges that face responders in North Dakota, to include extended transport times to local and tertiary centers, as well as limited availability of advanced life support resources, there has been a focus on innovative solutions to maintain emergency care to rural North Dakota. One question that has been presented at a variety of venues is– "why can't QRU's transport patients to the point of intercept."

Background

The intent of the Quick Response Unit licensure was to provide, within the local response system, a unit capable of delivering emergency response personnel to the scene of a traumatic or medical emergency to provide initial assessment and treatment of life-threatening emergencies. QRU's are typically placed in areas where providing a fully equipped ambulance is not feasible or sustainable.

North Dakota Century Code governing ambulance services explicitly limits QRU's from routinely transporting patients. Specific criteria must be met as defined in 33-11-1.1-11 of the North Dakota Administrative Code for a QRU to initiate transport of a patient. Within that criteria, the primary care attendant must be an Emergency Medical Technician.

There are no vehicle requirements set forth within the Administration Rules governing Quick Response Unit vehicles, therefore the vehicles can range from personal automobiles to marked SUVs to ambulance chassis' that have been retained after the service changed licensure level. The rules also set requirements for minimal equipment which must be present on the vehicle and there is no requirement for patient care documentation.[1]

Discussion

It would not be appropriate to allow QRU's to transport patients to the point of intercept with a licensed ambulance service within the governance currently in place for the following reasons:

1. Only one person is required to respond and that individual must be

trained at the EMR level. As a national standard, EMT's are required to transport patients.

2. There are no vehicle requirements set forth in the statue. Therefore, there is no way to ensure that a QRU has a vehicle capable of safely transporting patients. In addition, no initial or ongoing inspection requirements exist to assure the public that the vehicle is maintained properly.
3. The minimal equipment list set forth for QRU's does not contain a stretcher, or other equipment necessary for safely securing and transporting patients.
4. QRU's are not required to complete patient care reports.

For the reasons listed above, there would need to be multiple changes made to current Century Code and/or Administrative Rules to allow QRU's to safely transport patients. The rules that would be required would closely resemble the existing sub-station model currently defined in 33-11-01.2 of the North Dakota Administrative Code.

Quick Response Units are not able to obtain reimbursement for transports because they are not a licensed ambulance service.[2] Furthermore, QRU's are often not qualified for grant funding or funding from the local tax base as they are not a licensed ambulance. The reimbursement, grant, and tax monies are all directed to the associated ambulance service of the QRU. Therefore, given the added costs needed for the operation and maintenance of a vehicle that is capable of safely transporting patients, and the limited funding sources available for the QRU, the associated ambulance service would have to bear the increased operating costs. This would likely further erode the sustainability of the EMS System.

The majority of life-saving interventions occur in the first minutes of arrival to a patient. This includes opening the airway, defibrillation, high-quality CPR, bleeding control, narcan or epinephrine administration, etc. Transportation of the patient rarely makes the difference between life and death. The "Golden Hour" is often cited as the reason for rapid transport, however, this is not evidence-based and, in fact, saving minutes of time in the trauma victim in the prehospital setting rarely improves survival for a patient that needs several hours of surgery once they reach the hospital.[3] Another scenario is a patient in cardiac arrest. These patients are critical and require high-quality CPR and defibrillation. If the focus is on getting the patient loaded for transport, rather than on high-quality CPR, the patient will not survive.

Getting trained first responders to the scene of an emergency is the highest importance, and especially for the QRUs. Although transport is a vital component of the EMS

system, it is of secondary importance to the initial response.

Summary

The North Dakota EMS Association supports the development of a strong EMS system that is capable of delivering the highest quality care to the citizens we serve. Creating a system that is not stable, reliable, and sustainable is not in the best interest of the profession, citizens, or providers. The framework already exists for transporting patients through ambulance licensure and substations. Creating a separate licensure level of QRU's capable of transporting does not support a sustainable and reliable EMS system.

Furthermore, the North Dakota EMS Association supports a model of emergency response personnel responding directly to the scene of an emergency, rather than responding to a designated emergency vehicle prior to initiating response to the emergency. This is especially true in a QRU model, and we recommend ambulance services respond with a fragmented crew when appropriate for ambulance response, as outlined in 33-11-01.2-16 of the North Dakota Administrative Code.

References

1. http://www.legis.nd.gov/information/acdata/pdf/33-11-01.1.pdf
2. https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c10.pdf
3. Newgard, et al. Revisiting the "Golden Hour": An evaluation of out-of-hospital Time in Shock and Traumatic Brain Injury. *Ann Emerg Med*, 2015 Jan.