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EMS News in Focus
by Art Hsieh



EMS Management

How will we fix a broken EMS?



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By Art Hsieh

Editor's note: In our ongoing coverage of the fight for control of EMS in Florida, a recent story describes the rift developing between fire chiefs there over a debate of who should own EMS. For Art Hsieh, this debate underlines some of the major issues affecting EMS.

Pinellas County appears to be turning into a battleground for overall control of the local EMS system. With the fire service potentially being taken to task behind the scenes, and legislators [getting into the act](#), why is all of this happening?

EMS1 readers have talked about job security, limited funds, and old-fashioned pride getting in the way of common sense. Throw in unproven assertions, biased opinions-as-fact, and inadequate baseline assumptions. Shake it all up, and you have a frothy mix of political haymaking.

Well, here're my two cents:

- 1) I think that the public wants to know they will have an ambulance transport service that will respond when requested. It will get there quick, and the personnel will treat them with respect. It shouldn't cost too much — or not at all — if it's a tax supported service, like law enforcement.
- 2) The system should provide the best care, as defined by science, research and medical personnel. "Best" does not mean "most," does not mean "advanced," does not mean "basic." If labels could be dropped, possibilities could be realized as real advancement in the profession.
- 3) Whatever the configuration, EMS personnel should be paid appropriately so that they too can age in the system, contributing experience and spreading knowledge to newer staff.

I think what's happening in Pinellas is emblematic of what's happening to EMS systems all over the country. The players may change, but the underlying issues are the same: EMS systems are essentially broke, and broken. There are a couple of bright lights, and they represent forward thinking, risk taking organizations that can really improve care and advance the profession, while saving money.

What are your thoughts? How can we improve as a profession? And don't just say, "Get rid of [insert favorite organization to hate]." How would you replace its function? How would you fund it? How would it interact with other public safety services? How can you guarantee better care?

About the author

EMS1 Editor in Chief Art Hsieh, MA, NREMT-P currently teaches at the Public Safety Training Center, Santa Rosa Junior College in the Emergency Care Program. In the profession since 1982, Art has worked as a line medic and chief officer in the private, third service and fire-based EMS. He has directed both primary and EMS continuing education programs. Art is a published textbook author, has presented at conferences nationwide, and continues to provide patient care at a rural hospital-based ALS system. Contact Art at Art.Hsieh@ems1.com.

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