

Minnesota Ambulance Association

Use of EMS Personnel in Minnesota Hospitals

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Background

The Minnesota EMS Regulatory Board credentials Minnesota EMS personnel. These personnel include registered first responders; and, certified Emergency Medical Technician-Basic (EMT-B), EMT-Intermediates (EMT-I) and EMT-Paramedics (paramedics). Minnesota Statutes do not prescribe a specific “scope of practice” for EMS personnel. Minnesota’s Medical Practices Act does restrict the performance of medical procedures, but EMTs at all levels are exempted, provided “the person confines activities within the scope of training at the certified or credentialed level.” MS 147.09 (14). The use of EMS personnel in hospitals has steadily increased as shortages occur for other health care provider occupations.

The following list of hospitals that use EMS personnel is not exhaustive; other examples likely exist.

Rural Hospitals

Austin Medical Center – Austin, Minnesota – 99 beds

Austin Medical Center and Gold Cross Ambulance are both owned by the Mayo Foundation, but are operated independently. Plans are underway for Gold Cross paramedics to begin ER staffing while on call for ambulance runs. It is anticipated that paramedics will help with room assignments/triage, and assisting with IVs, suturing, bandaging and casting, as well as cardiac arrest response and managing violent patients. Paramedics will be in house 12 hours per day at varying times.

Cambridge Medical Center – Cambridge, Minnesota – 86 beds

Cambridge hires EMTs into ED Tech positions. The EMTs are not on ambulance call while working in the hospital. These personnel assist with triage, take vital signs, splinting, setup trays, apply dressings, restrain patients when necessary, provide patient education, start IVs, perform 12-lead EKGs and insert Foley catheters.

Cuyuna Regional Medical Center – Crosby, Minnesota – 42 beds

Crosby hires paramedics and trains them to be Respiratory Therapists. The paramedics perform in-house RT functions between ambulance runs.

Hutchinson Community Hospital – Hutchinson, Minnesota – 66 beds

This hospital trained many of its maintenance staff to become EMTs and eventually paramedics. While the paramedics do not routinely perform patient care functions in house, this is a unique example of combining skill sets to maintain a high quality EMS system. In-house EMTs and Paramedics do respond to cardiac arrests, trauma codes, helicopter assists, and mental health assists. Also, if the emergency room is unusually busy, the ambulance staff may be called in to assist with triage, vital signs, transporting, helping in X-Ray, among other duties.

Immanuel-St. Joseph's Mayo Health System – Mankato, Minnesota – 272 beds

ISJ and Gold Cross Ambulance are both owned by the Mayo Foundation, but are operated independently. Gold Cross staffs on duty paramedics in the ER from 7pm to 7am. Paramedics do assessments and charting, give meds IM, IV and SQ, start IVs, do blood draws, 12-lead EKGs, insert Foley catheters and assist with casting. They are part of the trauma team. Intubation is performed only on physician order.

In addition, Gold Cross and ISJ split one FTE. This person is .5 ambulance and .5 in the hospital working on developing a 12 county trauma system and is the coordinator for paramedics working in the Emergency Department.

Mercy Hospital – Moose Lake, Minnesota – 31 beds

Mercy operates a BLS ambulance service and has a part-time paramedic under contract 3 days a week from another ambulance service as a manager. Mercy has a full-time EMT whose responsibilities include checking and restocking units in the ER, help with ER admissions, vital sign monitoring in the ER and other parts of the hospital, assist with procedures, orders labs, performs EKGs, give shots under the direction of a nurse, in house transports, unit coordination, and monitoring patients when nurses are busy. She works in the ER 3 days per week and responds to ambulance calls with the paramedic manager, the other two days work is in the attached clinic.

Northfield City Hospital – Northfield, Minnesota – 37 beds

Uses EMTs and paramedics. The ambulance service is owned and operated by the hospital and the personnel spend time in-house. Ambulance personnel are not dedicated to the hospital, but the hospital hires EMTs separately that are dedicated. They provide care at the level of an EMT and in addition are trained to perform 12-lead EKGs and assist with procedures such as endoscopies and proctoscopies. Paramedics are also hired independently to work in the hospital; they perform the functions listed above as well as all paramedic clinical skills.

Rice County District One Hospital – Faribault, Minnesota – 99 beds

Uses paramedics in the emergency department. The hospital does not own or operate the ambulance service; the paramedics are hospital employees. They demonstrate the same competencies as nursing staff. They help with data collection (patient assessment), start IVs, insert Foley catheters and n/g tubes, start IVs, administer medications and assist with patient education. They can work in other parts of the hospital as needs dictate, but are only assigned to work in the ER. “The staff work well together, the patients get great care, and we all have a better understanding of each other roles.”

Rice Memorial Hospital – Willmar, Minnesota – 136 beds

Rice owns and operates the ambulance service. Paramedics will be assigned to the ER while on duty starting August 13 and will perform IVs, give medications, ACLS for cardiac arrest, intubation, 12-lead EKGs, and nebulizers under the direction of nurses or physicians. EMTs are assigned in the ER while on back-up ambulance call and assist with IVs and vital signs.

Ridgeview Medical Center – Waconia, Minnesota – 109 beds

Ridgeview owns and operates the ambulance service, but has EMS personnel on-call for in-house work when off duty. In times of unusual activity, the charge nurse will page personnel in. Basic EMTs perform CNA functions; paramedics also start IVs and assist with cardiac arrest.

St. Peter Community Hospital – St. Peter, Minnesota – 36 beds

The hospital owns and operates the ambulance service. Paramedics working in the hospital are not simultaneously on ambulance call. They perform initial triage, patient assessments, vital signs, give ACLS medications, assist with casting, breathing treatments, 12-lead EKGs and intubation. When needed, they will also assist with inpatient care. St. Peter contemplates achieving part-time ALS ambulance service and these paramedics are anticipated to also staff the ambulance in the future. In addition, St. Peter contracts for a half-time paramedic as a manager from another ambulance service.

Metro Hospitals

Abbott-Northwestern Hospital – Minneapolis, Minnesota – 926 beds

ANW is part of the Allina Health System, which also operates an ambulance service separately. ANW hires EMTs and paramedics and provides them with additional training to perform phlebotomy, monitoring patients during in-house transport, splinting and casting, wound care, suture prep and after obtaining ACLS certification, to participate in codes. In addition, paramedics staff the telemetry monitoring facility in the hospital and may also assist in critical care areas.

Regions Hospital – St. Paul, Minnesota – 427 beds

Regions does not operate an ambulance service. They prefer to hire EMTs as “ER Techs.” These personnel perform patient assessments, monitor vital signs and perform “orderly” duties.

St. Cloud Hospital -- St. Cloud, Minnesota – 489 beds

St. Cloud Hospital does not operate the local ambulance service. St. Cloud Hospital hires EMT-B's and Paramedics and provides them with additional training to perform phlebotomy, monitoring patients during in-house transports, splinting/casting, and wound care. They work directly with an RN to function as the patient's health care team.