

## Paramedics in the Hospital Environment

The American Association for Respiratory Care (AARC) does not support the use of paramedics or Emergency Medical Technicians (EMTs) in cardiopulmonary roles other than pre-hospital care. Facility based respiratory care should always be performed by qualified respiratory therapists who have successfully completed accreditor-approved training and have documented competency as defined in obtaining a credential from the National Board for Respiratory Care (NBRC).<sup>1</sup>

The education and training of respiratory therapists is conducted in accredited educational institutions whose programs and training of respiratory therapists are also accredited by the Commission on Accreditation for Respiratory Care (CoARC). Accredited programs provided a comprehensive curriculum focused on cardiopulmonary diseases and their management. This comprehensive curriculum, labs, and bedside clinical training is delivered through intensive programs over a minimum of two years. Once completed, a comprehensive examination process is conducted by the NBRC.

Core to respiratory therapists' skillsets is the patient-focused respiratory assessment to properly evaluate the patient's condition and to recommend or provide respiratory treatments and/or respiratory equipment based on the patient and the patient's pathophysiology. Paramedics and EMTs do not receive comparable training, nor do they maintain similar competencies, as their focus is on acute pre-hospital care without comparable expertise in chronic disease management, patient education, and the intense focus on cardiopulmonary diseases.

Respiratory therapists provide direct patient care, patient education, and care coordination. A respiratory therapist practices in various in-patient and out-patient settings (e.g., acute care facilities, long-term and sub-acute care facilities, skilled nursing facilities, physician's offices, and in the home). A respiratory therapist's responsibilities and competencies include, for a more comprehensive list, see the Respiratory Therapy Scope of Practice Position Statement <sup>2</sup>:

- Working alongside other medical staff to create and adjust care plans utilizing critical thinking to identify and resolve changes in patient's clinical status
- Clinical decisions based on patient assessment, clinical data, and evidence-based practice.
- Conducts research and is adept in the understanding of research methodology, statistical analysis, and the ramifications that published research has on clinical practice. The use of sophisticated biomedical equipment.
- Understands the physiologic functions of complex therapeutic procedures and diagnostics studies.
- An in-depth understanding of human anatomy, pathophysiology, and cardiopulmonary function.
- Excellent teamwork skills, including effective communication about the cardiopulmonary status of the patient when interacting with other healthcare providers.<sup>1,2,3</sup>

Respiratory therapists are educated, trained, and maintained proficiency in a wide range of respiratory care therapies and modalities including, but not limited to:

- Patient-ventilator assessment and matching the settings of the mechanical ventilator to the patient's pathophysiologic needs.
- Arterial blood gas draws, analysis, and interpretation.
- Patient and family education.
- Recommend medications based on the patient's clinical presentation.
- Provided expert guidance on COPD and asthma management and patient education.
- Supervise pulmonary and cardiac rehabilitation.
- Provide valued support for Adult, Pediatric, and Neonatal critical care (ACCS and NPS).
- Provide consultative services to optimize the delivery of respiratory therapy modalities and therapies.

For a more comprehensive list, see the Respiratory Therapy Scope of Practice Position Statement <sup>2</sup>.

The Centers for Medicare and Medicaid Services (CMS) determines which respiratory therapy procedures/modalities provided by a respiratory therapist are reimbursable. <sup>4,5</sup>

The AARC, therefore, does not support the use of paramedics in roles other than pre-hospital care. Facility based respiratory care should always be performed by qualified respiratory therapists with competencies from the aforementioned formal education programs to ensure optimal and cost-effective patient outcomes.

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## References

1. AARC Position Statement: Respiratory Therapist Education 2023
2. AARC Position Statement: Respiratory Therapy Scope of Practice 2023
3. AARC Position Statement: Definition of Respiratory Care 2020
4. Code of Federal Regulations, Personnel qualifications 42 CFR 485.70. URL <https://www.ecfr.gov/current/title-42/section-485.70>
5. Billing and Coding: Respiratory Care (Respiratory Therapy). URL <https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=57224>

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