



2017 Questions to NAEMT Board Candidates

Please include your response (500 words or less) below each question. Thanks.

Candidate: Joanne Piccininni

1. Describe what you feel should be NAEMT's role in advancing the EMS profession.
2. Ethics – One of NAEMT's core values states that the association "shall conduct all aspects of our business with integrity and transparency, and adhere to the ethical standards of our profession." What does this statement mean to you? Describe how you will work as a member of the NAEMT Board to safeguard this value.
3. Describe what you see as the opportunities and challenges that the US healthcare transformation poses for EMS, and what you see as NAEMT's role in this transformation.
4. Professionalism – Describe what "EMS professionalism" means to you and how NAEMT can positively impact the public's perception of the EMS profession.

1.

The focus on the advancement of EMS has definitely accelerated over the past several years. I think there are more progressive EMS professionals involved in leadership positions than ever. This is contributing to the steady advancement of the profession and these leaders are positively influencing staff. The best role for NAEMT would be to continue to support this advancement through advocacy and lobbying. It is clear that the focus needs to be on influencing the government leaders in congress at the Federal level as well as the legislature on the individual state level. The ultimate goals would be to introduce legislation as well as secure funding to support all potential and continuing advancements.

Part of the operations and logistics is to promote awareness of NAEMT. This needs to be filtered down the ranks through the executive board, faculty, members and future members. Communication is key and promoting membership will serve to build the ranks of those EMS providers interested in advancing the profession. Much of this advancement is based in education to stimulate the minds future leaders. This can only have a positive snowball effect of awareness. It takes an individual provider, who decides to take a NAEMT education course, then receives membership information and becomes a member. By becoming a member, this provider is now exposed to all that NAEMT has to offer, and this lays the groundwork for them to become more involved with becoming part of the process to advance EMS.

Research in EMS is still an area in which improvement is needed. Most times when performing research for prehospital related areas of study, one finds limited sources and must then focus on emergency medicine. I don't find this detrimental but a message that more prehospital research is needed and wanted for advancement in the field. By advocating for more support, NAEMT can play an important role in facilitating this process.

2.

While reading and processing the statement: “One of NAEMT’s core values states that the association “shall conduct all aspects of our business with integrity and transparency, and adhere to the ethical standards of our profession,” I realized that I already have a deep connection.

Throughout the time in my professional career that I have spent as a Staff Paramedic or as an Educator and Clinical Coordinator, I have always strived to perform my job similarly. For me, it means that there should always be a constant and consistent surveillance on ourselves to be sure that all we do holds true to our ethical standards. This is not only true in leadership or management but how we conduct ourselves while caring for patients. I think that having transparency is very important and directly related to gaining and maintaining a high level of respect from peers and subordinates. Having an open door in which fellow professionals can feel comfortable to express their ideas and opinions regarding the progression of this field is incredibly important, and there is little to no uncertainty regarding anyone’s stance. The most comfortable I have been has been in an organization where transparency is the norm. What is discussed and decided should not be kept behind closed doors and left to interpretation because this can only lead to miscommunication, dissension, and conflict. When the professionals in a particular group feel as though they have shared-governance and this is encouraged to develop, there is a vested interest that develops that can only support the move in the direction of progression.

Communication, which is a constant undercurrent, is enhanced by having faith that all parties involved, from staff paramedics to managers to high-level executives or directors of an EMS organization, are all moving in this same direction of progress.

I realize that I mention progression a few times in the preceding statements and this is because all that we do in EMS, from caring for patients to leadership should focus on taking the necessary steps to continue this journey of progress.

3.

The opportunities that are available for EMS regarding the US healthcare transformation involve developing new service lines to address and include Mobile Integrated Health (MIH) and Community Paramedicine (CP).

Looking back over EMS's short history, it was not too long ago that providing rapid response and transportation of sick and critically ill patients to a hospital was the focus and priority. As the years have passed, EMS providers have transformed into much more. Patients with less than critical illness and injury are treated with increased urgency with the goal to decrease morbidity or mortality. As physician extenders, paramedics are seen as an initial step for these patients to a continuity of care as they move through the healthcare system and past the process of discharge. Prevention programs are being developed, due to the realization of the potential for savings, to keep people healthy rather than returning to the hospital. These programs perform services such as discharge follow up visits to be sure a patient has filled their prescriptions, made follow up physician appointments, are being discharged to a safe and supportive home environment, and referral to social services among many other of great value. Patient centered care in the areas of preventative, primary, specialty, and/or rehabilitation care outside of a healthcare facility is also an important piece of MIH and CP.

For those EMS agencies throughout the country that are not hospital-based services, financing an MIH or CP program can be a serious concern. Hospital-based EMS services have the distinct advantage of direct financial benefit of the avoidance of readmission of chronically ill patients where other municipal based or private agencies may not, considering their relationships and agreements with their local healthcare systems. Many programs are funded from their budgets and can be challenging for longevity and financial success.

Another challenge is EMS providers taking on new roles and responsibilities within their organization and being questioned by other healthcare system entities. For example, nurses in home care, as to whether their scope of practice allows them to participate in mobile integrated health.

NAEMT's role is to continue to support these programs by gathering data and sharing this information with our partner organizations in healthcare. That can be individual state hospital associations to larger groups such as NAEMSP, National Association of EMS Physicians as examples. The goal would be to secure support for the progression of EMS that can directly benefit those respective healthcare organizations and systems. Finance and advocacy are common threads throughout the quest for EMS advancement in which MIH and CP programs can only benefit.

4. Professionalism – Describe what “EMS professionalism” means to you and how NAEMT can positively impact the public’s perception of the EMS profession.

Professionalism is the conducts or qualities that characterize a profession. In EMS, we must all take an active role in promoting professionalism, and this should begin by looking in the mirror. With this look, we must realize first impressions are lasting impressions. This is especially important to those we serve, the lay public. I have always said that people don’t think about EMS until they are having what they may describe as the worst day of their life and they need help. First impressions may not always be the most accurate to a person’s character, but the public doesn’t have a chance to get to know you. Therefore, appearance is the most important reflection of the patient care you will provide.

Regarding appearance, many EMS providers may debate that this translates primarily into the uniform. I disagree. Body language, unspoken and spoken messages are just as important. The level of confidence in decision-making that is portrayed to the patient also plays an important role. Maya Angelou said, “I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.” It is almost as though this quote was written for EMS because it has such a deep connection.

As a far-reaching organization, NAEMT can positively impact the public’s perception of the EMS profession directly and indirectly. A direct manner would be to carefully utilize photos, press releases, and on-going education/outreach to the public that professionally depict EMS as a branch of emergency medicine. As paramedics we are physician extenders, we bring the emergency room to the patient, which is not well known to the public. They see EMS as lights and sirens and scoop and run. This has not been the case in almost twenty years. We are not only caring for the critically ill and “sick” patient but also the low acuity “not yet sick” patient. The recognition and interventions started in the field, from stroke care to sepsis protocols, are vital to patient’s long-term survival and a decrease in morbidity.

Indirectly, NAEMT can influence the public’s perception by supporting their individual and organization members by providing resources to them to support their efforts. Many times, finances play a role in being unable to achieve the tools necessary to maintain a high-level of perceived professionalism. Continuing education in the development of affective domain, professional behaviors, and leadership are just as important for all providers as clinical-based learning as one example. In my past experiences, education sometimes takes a backseat to operations, and it is important to learn how to professionally interact with people as well as looking good doing it.

Regarding resources, this could consist of national or state grant programs that organizations can access. After 9/11 there was a large bank of grant resources available for emergency preparedness, and I believe that by advocating and lobbying to the Federal and State governments, funds could be secured to fund new grants that would indirectly support professionalism from an education perspective.