

## Special Section: Emergency Medical Services (EMS)

*More than a ride to the hospital – Examining the continuing evolution of a complex, coordinated response system*

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An emergency call to 911 in most of the United States (other numbers are used internationally) summons aid. First responders from police, fire, and emergency medical services (EMS) agencies respond to the scene, trained to locate, evaluate, treat, and transport the sick and injured to the best definitive care setting. Who are these EMS professionals? How are they trained? How do physicians oversee the EMS system? Do they save lives? How do they transport critically ill and injured patients between hospitals? This issue of the *Rhode Island Medical Journal* addresses these questions.

Emergency medical service is an essential component of the expanding emergency care system in the United States, providing access to life-saving medical care 24/7/365. Emergency Medical Technicians (EMTs), trained at a variety of levels, staff ambulances and work in a variety of other settings. EMTs treat and transport the sick and injured, but they also provide safe scheduled transport for non-ambulatory patients to and from physicians' offices, dialysis facilities, and other medical care settings. In some systems, they have been asked to integrate with the public health system, providing injury prevention screening, follow-up

evaluations, and augmenting community primary care. EMS is often taken for granted, but is expected to perform rapidly and professionally in time of need, regardless of the volunteer or paid status of the responding agency and personnel. This evolving resource has already influenced patterns of health care delivery, become a vital public health and disaster response asset, assumed an expanded role in community health, and, yes, saved lives daily in Rhode Island and across the United States.

Maturing over half a century, EMS and EMTs pioneered the concept of physician extenders, made specialized systems of healthcare with "centers of excellence" possible through critical care inter-hospital transport, enabled many life-sustaining and saving treatments such as dialysis and radiation therapy through sched-

uled transport, and earned respect and recognition as a profession. In this issue of the *Rhode Island Medical Journal*, the authors seek to provide our physician community with a succinct description of the history of EMS, its physician interface, EMT professional education, the practice of inter-hospital critical care transport, and to propose a uniform definition of saving a life in the EMS and emergency medicine environment, the Rhode Island Life Saving Score (RILSS).

### Guest Editors

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Scott Francis, Critical Care Paramedic at LifePACT, passed away unexpectedly as this issue was going to press. Scott is pictured in the enclosed article on Critical Care Transport. Scott exemplified the best of EMS, with his ready smile, calm and humble personality, excellence in patient care and safe emergency driving, and helpful attitude. He is survived by his wife Nancy and sons Aiden and Liam. The guest editors dedicate this special issue to his memory.

