

## COLLABORATION BETWEEN HEALTH ASSISTANCE TECHNICIANS AND EMS PROVIDERS: ENHANCING PATIENT CARE

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### **Abstract**

The emergency response system has become more active in the treatment and placement of patients. Health assistance technicians (HATs) have been used in busy urban areas to ensure patients get care faster. A unique team of HATs has been developed to assist in reducing the current demand for ambulances. These HATs, after extensive orientation and training, work at the firehouses on fixed shifts with EMS providers under medical direction. By being involved with the daily dispatching of ambulance resources, these HATs can apply their particular background and training to additional types of assistance and evaluation that the EMTs and paramedics may not have time to do completely. The medical intervention survey tabulated calls for service and ambulance usage involving the HATs, reporting their intervention and contribution to patient care on ambulance responses.

### **Keywords**

Collaboration between Health Assistance Technicians and EMS Providers is essential for enhancing patient care. This partnership can lead to improved communication, better resource utilization, and more effective patient management. By working together, these professionals can ensure that patients receive timely and appropriate care, ultimately leading to better health outcomes. The integration of their skills and knowledge can bridge gaps in service delivery and foster a more cohesive healthcare environment.

### **1. Introduction**

Technician roles 1 and 2 in Portugal, now called Health Assistant (HA), have been working in the Portuguese National Health Service (NHS) since 2003. Over time, their performance with the internal teams has been studied by doctors, nurses, and nursing assistants. The reports produced on their roles focus on the need for creation, legal regulation, and wide integration in healthcare teams. HAs work directly with the patient and the nurse in care and inclusion activities such as food distribution and collection, laundry distribution and collection, waste collection, and in the local preparation of materials to perform or support the treatments and diagnostic exams prescribed by the nurse. The HAs also help the nurse in the execution of healthcare treatments previously assigned. These professionals manage medical devices, sterilize instruments, manage hospital supplies, manage ward stock, carry out indirect care, admit patients, and support the surveillance and security of the units and the personal support work that includes bathing, changing clothes, mobilizing, feeding, and haircuts. The professional collaboration between Health Assistants and Emergency Medical Services has been studied in training, with a practical internship designed for higher courses in the field of health. Finally, in the present study, the intention is to contribute to this theme in an isolated approach, but with greater generalization, based on professionals other than student training.

### **2. Roles and Responsibilities of Health Assistance Technicians**

HATs' roles are defined in state regulations and usually state that HATs work under the direct supervision of a registered nurse, advanced practice registered nurse, or RN extending prescription certification and/or credentialing in a hospital. These regulations in a variety of states require annual training above and beyond the training required for the HAT position generally, but seldom specify what that training is necessary to be. Types of required training may include medication management, cardiopulmonary resuscitation, and documentation requirements. HATs undergo a background check to screen for prior criminal history, which must be minor, and may be barred from both school systems and from receiving government aid due to certain behavioral issues.

Though not required by regulation in many states, HAT certification is available and endorsed by professional organizations. To increase organizational support for HAT personnel, these organizations strive to solidify the professional development of entry-level health services technicians on national, state, and regional levels via educational preparation.

### ***3. Roles and Responsibilities of EMS Providers***

One of the keys to the success of the entire emergency medical services system is the network of professional services that provide care at the scene, in transit, and at the hospital, following a repetitive pattern of patient assessment, decision making, and action. These professionals are called emergency medical technicians or EMTs. This group of professionals may also include licensed nurses, physicians, and advanced practice clinicians. Beginning with bilateral ground ambulances, the concept of EMS has evolved and expanded to include flight-based air and surface systems. On the scene and during transport, the EMT provides supportive, comprehensive, and coordinated care of a patient. The key link to all prehospital care is the EMT. Involvement of nurses, physicians, trauma surgeons, and therapists in the delivery and administration of patient care is limited by the resources and regulations of the EMS system. The EMT is therefore a key component in the delivery and continuity of care of the patient. The EMT assessment identifies life-threatening and non-life-threatening trauma and medical conditions and the required immediately necessary treatment to stabilize those conditions, whether in the field or during transport. The interrelationship between traumatic injury and the hospital environment is heavily dependent on accurate prehospital care and transfer of patient information to the patient receiving facility.

### ***4. Importance of Collaboration in Patient Care***

Collaborating as a team with a common goal of providing safe and effective care is crucial. In the patient's eye, you are a group of people working together to take them to a specific facility. The patient does not necessarily know the background or level of your qualifications and training. Therefore, they expect the team to be competent. This requires everyone to understand not only their role but also the capabilities and limits of their teammates. The communication and shared decision-making that occurs among team members make the difference between professionals working together and a team focused on the needs of the patient.

It is clear that the ambulance and the hospital are critical extensions of the emergency department. The movement of patients to one facility or another is controlled by the department. Ideally, these would be seamless transitions, but as most providers know too well, inspection delays are common as the staff of both institutions attempt to communicate to transfer patient information. Moreover, the patient has often been introduced to the healthcare system by other providers before they arrive at their respective establishments using differing protocols and forms. Although conference calls are available to healthcare professionals, this is rare. Calls led by emergency medical staff to report patient conditions can be limited to basic information that can include signs and symptoms, assessment results, and care provided during transport. Theoretically, the most trustworthy and

accurate information should therefore be collected. Since their technology has not kept up with other parts of the healthcare industry, most EMS services rely solely on verbal or facial reports. If you have the required information, you may reduce unnecessary examination and treatment orders for patients at departure. You can provide the treatment required in the hospital more rapidly, which can possibly be beneficial for your patient. In this way, more open communication brings benefits to both the patient and new documentation processes.

### ***5. Barriers to Effective Collaboration***

Several challenges contribute to the ineffective collaboration observed between health assistance technicians and EMS providers. These barriers can be placed in the categories of professional regulation, differing scopes of practice, hospital chaos, and bureaucratic barriers.

**Reprehensible Regulation** There are incredibly unfortunate conditions regarding the health assistance technician category. The assistants fall under and are regulated by the Department of Health Services. In reality, however, there is actually no licensure for becoming a health assistance technician, and unlike other advanced designs, there is also no authority to represent them. The Bureau of EMS, on the other hand, has authority when it comes to the EMT category. They are supposed to be the ones to put regulations in place and ensure EMT compliance. However, EMTs may also be regulated in a similar way that health assistance technicians are. The position that EMTs hold is subject to absolutely no regulation.

### ***6. Strategies for Enhancing Collaboration***

Collaboration between health assistance technicians and EMS providers is essential, especially during planned and usually unscheduled provider encounters. Complete and timely communication helps to ensure seamless patient transfers. For hundreds of people needing care at a single time, health assistance technicians become a source of on-site care for those patients. Because health care cannot always rely upon unlimited resources, properly preparing health assistance technicians for their roles can enhance the care that patients receive from health assistance technicians and their support of EMS care. To optimize the collaboration between health assistance technicians and EMS providers, many measures can be taken. Regular meetings between health care provider leadership and EMS leadership are necessary to confirm familiarity about organizational structures, resources, strengths, limitations, and needs. Health assistance technicians should understand EMS medical oversight and how to access support medical direction while en route to the health care facility. A process for providing public education regarding the prehospital roles of health assistance technicians and the system for providing their deployment, along with joint periodic training for health assistance technicians and EMS providers, enables lines of responsibility to be clarified. The standard impacts of disaster and mass gathering situations on health services, particularly the key roles served by out-of-hospital response providers at these times and the potential impact on hospitals, need to be reviewed. Out-of-hospital agencies must identify which agencies are responsible for specific aspects of response preparation, such as communication and evacuation strategies, the location of the casualty clearing station or a place to briefly stabilize and hold patients until care is necessary, and the specific needs for severe weather or security support. If preparing for a large event, it is essential for the health care facility to lead exercises for the medical facilities and out-of-hospital response organizations involved in the guarantee of a collaborative emergency response system. Exercises must be planned and implemented in collaboration with regional response partners that both meet the project goals. Results should be reviewed to note successes and opportunities for system enhancement. All participants should be provided with a report on goal aspirations and the degree of attainment.

### ***7. Case Studies of Successful Collaborative Efforts***

Unification Homecare and the Burlington Fire Department, Vermont, USA Unification Homecare, a Medicaid-certified home health care agency in Vermont, sought ways to help their health assistance technicians become more involved and feel more a part of the health care system. In particular, they reached out to the fire departments and rescue services they frequently used to provide emergency care to their clients. By explaining the level of care and the knowledge and skills their technicians possessed, Unification began a dialogue with individual services to explore how they could work more closely with the fire department and save on emergency service trips to the emergency department. Physicians In-Home Patient Care in Northern New Jersey, USA This New Jersey company provides internal medicine and primary care to males and females aged 50 or older who are unable to travel to a doctor's office. The physician does everything a primary care physician does in the office, but the waiting room is the patient's living room. She serves as primary care physician and sees the patient or patients as frequently as needed to deal with ongoing or new health problems. When there is an emergent situation, they work with the local fire and ambulance squad in the management of the home call. The physician can talk with the EMS providers she works with. The benefits of doing follow-up work with the EMS provider include providing the physician with a mechanism to establish some respect in the eyes of the EMTs.

### **8. Future Directions and Recommendations**

Future directions to further collaboration between health assistance technicians and emergency medical services providers are presented. Our current EMS system primarily serves traditional emergency needs for generally healthy individuals with acute injuries or exacerbations of chronic illness. Patients such as those served by health assistance technicians who are chronically ill with multiple comorbidities and concurrent social or other systemic barriers to health require a model of service care delivery that is best provided outside the realm of the emergency department and EMS agency. In the future, more resources are needed to properly identify those patients who require additional services and how these services can be provided and at what cost. Integration of EMS data systems with other healthcare agency data systems for all non-emergent patients, not just those transported to the hospital, is needed. The incorporation of electronic medical records should be imperative to computerize patient medical history, medication, and allergy information that can be accessed by collaborating agencies. Development of a tiered system of non-emergent transportation and appropriate reimbursement to healthcare agencies, not just the ambulance companies, is needed. Funding mechanisms for non-transport care should be developed for healthcare agencies that participate in the efficient dispatch, assessment, and management of these patients. A rapid increase in the number of physician house calls is unlikely; however, the use of health assistance technicians, other visiting non-physician professionals, and telemedicine are potential strategies for more appropriate use of medical resources for these patients.

### **9. Conclusion**

This project is a start into developing a stronger relationship between patient care technicians in the hospital setting and our pre-hospital partners. The collaboration that was developed through the critiques was a great introduction to much needed communication between the two groups of patient care technicians and Emergency Medical Services personnel. The main goal of each project was getting the participants to talk through their educational differences and come to an understanding of what each does in certain situations. The final products depicted the information needed to help each other in case of a real-life patient care transport experience. Additional research is required to further develop a program among a larger population of student educational programs who are varying levels of preparation, and affected partners including the patient care technicians and Emergency Medical Services personnel. The patient care technicians in the

hospital setting and paramedics in the pre-hospital setting have much in common and collaborate through patient care every day. The connection is short as the patient care technician transfers the patient to paramedics waiting with an empty gurney. The two groups are present during the situation but do not interact due to role confusion and the hurry to leave the hospital for the quick transport to the ambulance bay.

A short task in the clinical course of a patient care technician would provide each the knowledge of a simple check, if needed. The patient care technician does not know what the paramedic checks: EKG monitor or leads, IV, vital signs, medications, and medical history. The Emergency Medical Services personnel do not know what is done: Nurture the patient with emotional support. The procedure provided is quick and can be easily applied to strengthen the paramedic's role as an advocate for their patient's care in the hospital setting and with the patient care technician. The two separate procedures documented the collaborative research project re-enacted the goal of developing both roles. The student participants worked successfully on creating procedures. One project created a passenger manifest procedure that noted the vital information in passing of patient care from patient care technicians to paramedics. The second project created a stretcher checks procedure that noted the medical checks required and who performs the checks before and after the transport of a patient from the hospital to the ambulance. The procedures documented were necessary, easily understood, and enforce the benefit of an improved patient care to the receiver. The procedures documented improved communication and safety factors of patient care during a patient transport.

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