



**Characteristics of Nationally-Certified Prehospital Patient Care Providers  
in the United States**

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**Background:** Emergency medical services (EMS) professionals function as a key part of the healthcare continuum. However, there is a paucity of current information that describes the national EMS workforce who provides patient care and the roles and settings in which they work. The objective of this study was to describe the workforce characteristics of nationally-certified EMS professionals who provide patient care in the U.S.

**Methods:** We completed a cross-sectional analysis of EMS professionals who recertified their National EMS Certification between October 1, 2017–March 31, 2018. During the recertification process, EMS professionals completed an optional 10-question workforce profile collected for administrative purposes containing questions on job characteristics. We included EMS professionals who were between ages 18 and 85, currently working as a patient care provider, and certified as an emergency medical technician (EMT) or higher. Descriptive statistics were calculated.

**Results:** In the study period, 87,471 EMS professionals (response rate=82%) completed the profile, with 66,063 patient care providers included in our analysis. Most respondents providing patient care were male (74%), non-Hispanic white (84%) and were a median age (IQR) of 35 years (28–44). Over half (54%) were certified as an EMT, 5% as advanced EMTs, and 41% as paramedics. Most patient care providers (75%) worked full-time at their main EMS agency. Nearly half (45%) of patient care providers worked for fire agencies, while 21% worked for private agencies. A total of 69% of patient care providers primarily provided 911 service, with 13% providing both 911 and medical transport. More patient care providers worked in urban communities with >25,000 people (64%) than in rural communities (36%).

**Conclusion:** In this sample of nationally-certified EMS patient care providers, the majority worked full-time, at fire or private agencies, and provided 911 service while working in urban settings. This analysis provides the largest, current snapshot of patient care providers in the prehospital setting. Limitations include the potential exclusion of EMS professionals who hold a primary role of supervisors or preceptors yet provide patient care. Future work should describe regional variations in characteristics of EMS professionals, as well as EMS professionals working in multiple roles.