Comment from Anonymous

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Advanced life support EMS systems, personnel and units should be population based and regionalized to provide sophisticated ALS prehospital care with expertise, safety, quality and efficacy. Grants and rules should reflect regional and population based ratio system design based on balancing the actual number of practicing ALS level providers in a regional population base that generates clinical skill mastery and limits the number of ALS personnel and units and targets their allocation towards the critical incidents in which advanced airway, ultrasound, whole blood and other existing and emerging trauma and medical resuscitation skills provide evidence based value when delivered by expert paramedics. A quality vs quantity approach in awarding grants that develop EMS systems and ALS is essential to promoting true equity, best quality and highest efficacy in prehospital lifesaving and avoiding waste and duplication. Limiting and targeted highly educated and experienced ALS providers and units in support of local BLS units will address multiple clinical safety, clinical quality, workforce development and retention, socioeconomic, and innovation issues while reducing system costs. Grants should invent and compel these types of public health planning approaches to the better future of a failed EMS system. As a guide, I would point to the magic number of a minimum population of 100,000 residents per ALS unit in urban and suburban areas or 1 practicing ALS FTE paramedic per 10,000 population. I would reference Bob Davis ISA Today 2005 EMS series as well as Copass, Persse, et al