



Disparities in Medical Care Feedback in Emergency Medical Services

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Background: Feedback to EMS professionals regarding the medical care they have provided may lead to improved patient care and outcomes. Our objective was to describe the prevalence of and identify characteristics associated with receiving this feedback. We hypothesized that more providers at higher certification levels (AEMTs/paramedics) would receive medical care feedback.

Methods: This was a cross-sectional survey of nationally certified EMS providers. Demographic/agency characteristics and information related to medical care feedback received in the prior 30 days was collected. Inclusion criteria consisted of currently practicing patient care providers (EMT or higher) in non-military, non-tribal settings. Descriptive statistics were calculated, and multivariable logistic regression was used to assess the association between receiving medical care feedback and demographic/agency characteristics. A non-respondent survey was administered to assess for non-response bias.

Results: Responses from 32,314 EMS providers were received with 15,766 meeting inclusion criteria (response rate = 11%). There were no differences between respondents and non-respondents in receiving feedback. In the 30 days preceding the survey, about half (55%) of respondents received feedback regarding medical care they provided. ALS providers (AEMTs/paramedics) had greater odds of receiving medical care feedback compared to BLS providers (EMTs) (OR: 1.21, 95% CI: 1.11– 1.31). Providers at hospital-based agencies demonstrated increased odds of receiving medical care feedback compared to those at fire-based agencies (OR: 1.22, 95% CI: 1.09– 1.35). Compared to those whose agencies primarily provide 9-1-1 services, those at air medical services had a three-fold increase in odds of receiving medical care feedback (OR: 3.00, 95% CI: 2.36– 3.82) while those at services that primarily provide medical/convalescent transport had significantly reduced odds of receiving medical feedback (OR: 0.48, 95% CI: 0.41–0.55). EMS providers belonging to a racial/ethnic minority group had lower odds of receiving medical feedback compared to their white, non-Hispanic counterparts (OR: 0.90, 95% CI: 0.81–0.99). Compared to those with fewer than 3 years of EMS experience, more

experienced providers had decreased odds of receiving medical feedback (e.g., 3–10 years: OR: 0.71, 95% CI: 0.65–0.78).

Conclusions: Nearly half of EMS professionals reported not receiving medical care feedback. Disparities in medical care feedback exist in regards to minorities and medical transport providers, while higher level providers have a higher probability of receiving medical care feedback.