EMTs and Paramedics today realize that we work as part of an EMS System. We all understand the importance of our role in patient care. New Jersey’s tiered EMS System consists of a statewide 911 dispatch, police officer first responders, BLS agencies staffed with EMTs, ALS units staffed with Paramedics, a statewide Medevac system, local emergency departments, as well as medical centers with specialty designations.

But did you ever stop to think how we got to this point? Let’s take a look at some EMS milestones in New Jersey and at a national level. You may be surprised that many things that we consider essential today to good patient care met with considerable resistance when they were introduced!

1927 The Belmar First Aid Squad was organized in November 1927, through the efforts of the late Daniel Traverso a former Belmar physician. Dr. Traverso served as the squad’s physician until his death. The Belmar First Aid Squad is believed to be the oldest independent volunteer squad in the U.S.

1929 The New Jersey State First Aid Council (NJSFAC), one of the largest organizations of basic life support volunteer first aid and rescue services in the country, was incorporated. The mission of the NJSFAC is “to discuss methods of betterment for the ambulance service, the reduction of the loss of life, the development of a better service through an educational program, and to foster a spirit of harmony and friendship among the various non-profit volunteer squads.”

1960 CPR is invented. In early 1960 Drs. Kouwenhoven, Knickerbocker, and Jude discovered the benefit of chest compression to achieve a small amount of artificial circulation. Later in 1960, mouth-to-mouth and chest compression were combined to form CPR similar to the way it is practiced today. Ambulance attendants and public safety officials began to realize they could intervene in a meaningful way. This set the stage for formal training of prehospital providers.

1966 The National Academy of Sciences "White Paper" entitled "Accidental Death and Disability: The Neglected Disease of Modern Society", identified deficiencies in providing emergency medical care. This paper was the catalyst prompting federal leadership toward an organized approach to EMS.

1966 The National Highway Traffic Safety Act was passed. The authority of states to set standards, regulate EMS, and implement programs designed to reduce injury was reinforced and encouraged.

1967 New Jersey Office of Emergency Medical Services was established as the lead EMS agency in New Jersey as part of the then Department of Health (now Health and Senior Services).

1967 The Star of Life was designed by Deke Farrington, a leader in trauma care in Chicago. When the USDOT was refused the use of the Red Cross they adopted the Star of Life as the National EMS logo.

1968 In Miami 6 firefighters became the nation’s first "paramedics". Care focused on the cardiac patient with the introduction of prehospital defibrillation. They communicated with the base physician with bulky radios. Prehospital medical control was established - the ER was brought to the patient!

1968 The digits 9-1-1 were reserved for nationwide emergency use by AT&T. On February 16, 1968 the first 9-1-1 call for help was made in Haleyville, Alabama.

1969 Advanced life support systems begin service in New York City, Los Angeles, Miami, Columbus, OH, and Seattle. A Los Angeles County Fire Department battalion chief, Jim Page, was assigned to coordinate the new paramedic service. Surprisingly this milestone was met with a lot of resistance. Page would later recall that one fire chief got right in his face and said that it would be over his "dead body" that he would have them "riding on my firetrucks." We all know who won that argument! Jim Page would become an icon for the next four decades in emergency services.

1969 The American Academy of Orthopedic Surgeons created the first EMT-Ambulance training course. The first EMT textbook is published by AAOS. The "Orange Book" sets new standards for EMS. Nancy Caroline from Pittsburgh was hard at work writing a National Curriculum for EMT-P. Caroline’s textbook would become the “Bible” that New Jersey’s first Paramedics were trained with.
1971 The television show *Emergency!* debuts. Johnny, Roy, and Station 51 introduce EMS to the public. *Emergency!* changed the face of EMS on a national level. People watched the new show and asked, "Why don’t we have something like that in our community?" Johnny and Roy sent a whole generation of kids off wanting to be paramedics.

1972 NJ held its first Emergency Medical Technician course. Up to now the standard was a 16 hour Red Cross program designed for the general public. Ambulance drivers were becoming EMTs. Many “old timers” scoffed at this training saying EMTs were “wanna be doctors”. Squads argued over putting BP cuffs in ambulances! Many NJ squads were only now allowing females to join their ranks to ride on emergency calls.

1974 President Gerald Ford signed the first EMS Week Proclamation

1975 The first Paramedic Training Program was held in New Jersey. Among the first EMTs to become NJ state certified paramedics was Vince Robbins – NJ cert number 0054.

1975 Emergency Medicine was recognized as a specialty by the American Medical Association. The American Board of Emergency Medicine was established the following year. In 1979 The National Board of Medicine established Emergency Medicine as the 23rd specialty. The stage was set to place Board Certified Emergency Medicine physicians into America’s Emergency Rooms.

1976 The first NJ MICU programs became operational as part of the MICU pilot project. Nine hospitals participated in the pilot project looking at various models. In the Mercer County program Paramedics worked alone as volunteers on the local first aid squads. New Jersey would later adopt the hospital based model of a team of two paramedics using a chase vehicle

1978 MONOC was formed as "a cooperative venture to improve health care and reduce costs." Among its numerous projects, MONOC would be given the Certificate of Needs assigned to member hospitals to provide Paramedic services. These member hospitals recognized the advantages of establishing a regional system to provide emergency services.

1981 Two NJ Level 1 Regional Trauma Centers were designated – UMDNJ in Newark and Cooper Hospital/University Medical Center. Robert Wood Johnson would later also be designated as a Level 1. Over the next two decades the statewide system grew as seven other facilities were designated Level 2 Trauma Centers. Protocols were established to triage trauma patients to these specialty regional centers. The trauma surgeon was waiting for the patient – the patient was not waiting in the ER for him.

1983 The New Jersey Poison Information and Education System (NJPIES) began operation. This statewide resource replaced about 35 local poison information centers at hospitals.

1983 Ocean County College held their first Paramedic Training Program. Renee Keefe was the Coordinator of this program over the next 10 years. The initial program consisted of over 60 students from MONOC, Community Medical Center, and Burlington. Several of the Paramedics from this original group are still working for MONOC today. The MONOC students were sponsored by individual member hospitals – each with it’s own clinical coordinator. Each hospital was responsible for the Clinical training of their students. There were many skeptics who said that these advanced skills could not be done outside the hospital. They were proven wrong!

1985 The first MONOC Paramedics become operational on April 1, 1985 at Monmouth Medical Center, Freehold Area Hospital, and Point Pleasant Hospital’s new satellite facility at Brick. Slowly it was realized that prehospital ALS care provided when you “were only a few minutes” from a hospital was beneficial to the patient. Time and education eventually changed the “swoop and scoop” thinking.

1986 EMT was recognized as the standard of care in New Jersey. Winnie Hartvigsen, President of the NJSFAC signed an agreement with NJ OEMS. The homegrown Five/Eight Point program ended as Five/Eight Pointers were grandfathered in as EMTs. NJ DOH would certify all prehospital providers. A national standard recommended 30 years ago had been adopted – although with much controversy!
1988 The New Jersey EMS Helicopter Response Program became operational. Northstar and Southstar provided aeromedical services that allowed us to move patients rapidly to the appropriate medical facility. A concept that started over 35 years ago in the Korean War (remember MASH) was brought to the patient. Our EMS system in New Jersey was really taking shape!

1990 911 Emergency Telephone System Regulations were established in NJ to address the technical requirements and operational standards needed to develop a statewide Enhanced 911 system. Prearrival instructions and coordinated response provided the vital final link needed for the NJ EMS System!

1992 New Jersey established regulations for EMT-Ds. The American Heart Association published response time interval guidelines of 4 minutes for BLS and 8 minutes for ALS. Paramedics were being granted Standing Orders. The importance of prompt patient care was being recognized with skills being expanded for both EMTs and Paramedics. The ER was being brought to the patient faster!

1992 The EMT CEU recertification program was developed and established as the primary method used to recertify NJ EMTs. Continuing Education of EMTs was now mandated to keep pace with the constant changes occurring in EMS. A new standard was set - EMS is a lifelong learning process.

1993 The Commission on Accreditation of Ambulance Services (CAAS) began ambulance service accreditation. CAAS accreditation became the national “Gold Standard”. MONOC later became the first agency in New Jersey to achieve CAAS accreditation in 2004.

1995 NJ becomes one of the few states to reach 100% coverage 24/7 of ALS and 911. This occurred with a second Hunterdon Medical Center MICU and with Hudson County completing its 911 system.

1996 The NHTSA EMT-Basic curriculum was implemented in New Jersey. EMTs are now allowed to assist patients with specific medications under off line medical control. There is an emphasis placed on patient assessment. EMT-B curriculum includes calling ALS as a key component of patient care.

1997 The NJ EMT Training Fund began disbursing funds to volunteers for EMT Training. The fund continues today to provide quality educational programs at no cost to New Jersey’s volunteers. However, the continuance of this funding is threatened as monies still trickle into this fund at the 1997 rate.

1999 NJ passed its Public Access Defibrillation law, designed to provide quick life saving care for persons in cardiac arrest. A layperson in the street now performs the same skill that Miami firefighters did back in 1968. The result – in some AED sites patient survival rates of 50% have been achieved!

2000 The NHTSA revised paramedic curriculum was implemented in NJ. Emphasis is placed on care of the healthcare provider and care for specialized populations, including the growing geriatric population. The curriculum considers at some appropriate situations in which MICUs could treat the patient at home and not transport to the hospital.

SEPTEMBER 11, 2001 EMS is called upon to meet its largest challenge ever. BLS, ALS, hospitals, and fire services work together to answer the unprecedented call. The role of EMS is changed forever!

2003-2004 MONOC doubles in size with the addition of BLS, ALS, and SCT services from the Saint Barnabas Healthcare System. This consolidation of services creates both opportunities and challenges!

2005 The AHA releases its the 2005 Guidelines for CPR and ECC. These changes, which are based on scientific evidence, are the biggest changes ever made by the AHA. The Guidelines emphasize good quality BLS prehospital care and rapid delivery of ALS treatment to the prehospital patient.

2006 MONOC 1 becomes operational. The mission of MONOC 1 is to provide an unprecedented level of care at no cost to the member hospital. MONOC 1 will also provide back-up “911-scene” response for the New Jersey JEMSTAR program, as requested.
You can see we have come a long way in our relatively brief history. Each step along the way has been scoffed at by some. Could you imagine not having AEDs, MICU, Medevac, or trauma centers today? Each of these milestone advancements was met with resistance when introduced. EMS will inevitably continue to evolve. The definition of good patient care will continue to change over time. Successful EMS Providers will need to be openminded and adaptable.