



Module Three
Part Two:
Medical Oversight
'Clinical Issues'

Wisconsin EMS Medical Director's Course

Introduction

- The patients cared for in the prehospital setting are the same as those cared for in the emergency department.
- The care provided is different by virtue of the unique setting.
- The medical director must be familiar with this setting and should spend time in the field to gain this understanding.

Part Two Goals

Part Two of Medical Oversight will focus on three goals:

- Recognize legal considerations related to EMS systems and EMS medical oversight
- Recognize high risk in special situations
- Identify inter-facility transportation issues

Pre-Hospital Techniques

- Techniques are similar, application of techniques and equipment may differ
 - Airway management issues
 - Intubation or ventilation of the entrapped patient
 - Intubation or ventilation of patients in awkward positions (sitting in car, lying on the ground)
 - Use of alternative airway devices such as the Combitube or King LTS-D

Pre-Hospital Techniques (cont.)

- Some techniques and equipment used in the prehospital setting may be unfamiliar to the physician
 - o Spinal immobilization techniques
 - o Extrication
 - o Communications equipment
 - o Emergency vehicle driving techniques

Legal Considerations

- Laws and administrative codes: Federal, State, Local level
- State Statutes
 - o Identify training requirements and certification criteria
 - o Define the scope of practice for all levels of providers
 - o Outline criteria for reciprocity from another state if any
 - o Include immunity or 'Good Samaritan' laws

Laws and Administrative Codes

- COBRA regulations related to inter-facility transfers.
 - o Took effect in July, 1990
 - o Help to set standard for ambulance diversion and inter-facility transfers
 - o Carries a \$50,000 fine for violation and a \$15,000 fine for failure to report a violation

Interfacility Transportation

- Transportation Must Consider:
 - o Patient and/or family consent
 - o Special training needed by personnel
 - o Medical director's role and provision of medical direction
 - o Paperwork necessary to accompany patient
 - o Patient well being
 - o Transportation provided at patients request or in an effort to benefit their condition.
 - o Available space at the accepting hospital and an accepting physician who has been in contact with the transferring physician
 - o Patient should be stabilized or at least an attempt at stabilization should have occurred
 - o Patient should be transported at a similar level of care as in hospital

Legislative Process

- Items that are identified within state statute are a part of that statute because they have been through a thorough review and legislative process
- Process will include committee work, debate, vote and ultimately a signature by the governor

Good Samaritan Laws

- Developed to provide immunity from liability and encourage bystanders to assist victim if able
- Statutes vary from state to state
- State statutes will define limits and protection
- Generally not applied to personnel who are scheduled for duty and accepting payment for activities

Delegation of Medical Practice

- Medic is eyes, ears and hands of the on-duty emergency physician and the medical director
 - Doing the extended work of the physician and not the ambulance service
 - Ultimate responsibility for the medic lies with the physician
- This is the concept of **“respondent superior”**
 - Medical oversight physician bears the legal responsibility for the acts of the providers

Medical Malpractice/Liability

- Not all routine medical malpractice policies cover EMS medical direction activities
 - Check with your carrier
- If there is no coverage through your current malpractice carrier, there are a few other options:
 - Liability coverage through the EMS agency
 - May require that you become a part-time employee of agency
 - Malpractice rider to current policy
 - Special malpractice policy specific to EMS

Special High Risk Situations

- Be aware that certain situations represent a greater degree of medical-legal risk
- Particular attention given to protocol development and system response to developed protocols
 - EMS Medical Director bears majority of responsibility in protocol development
 - Important to utilize multiple resources in developing protocols

Protocol development

- Multiple sources are available when developing protocols
 - o National Association of EMS Physicians
 - o American College of Emergency Physicians
 - o Other EMS agencies
 - o State of Wisconsin Sample Guidelines

The Physician Intervener

- Physician who is present at the scene or accident
- May or may not have familiarity with EMS function and training in medical oversight responsibilities
- Individuals should obtain medical control permission prior to assuming medical control

The Physician Intervener (cont.)

- Individual needs to be able to provide evidence of credentials
- Lines of authority and responsibility vary from state to state
- Selected medical oversight activities may be delegated by the EMS medical director or as defined by state regulatory authority

The Physician Intervener (cont.)

- Should agree to meet and abide by the following:
 - o Able to show credentials – e.g. copy of license
 - o Obtain permission from on-line medical control to assist
 - o Be prepared to attend patient to the hospital, especially if special talents are utilized and document actions
 - o Sign patient care record

Informed Consent and Refusal

- Refusal of transport is one of the highest areas of risk management
- Patients who decline treatment and transport should meet the following criteria:
 - o Patient is awake, alert and oriented
 - o No evidence of impairment by drug or alcohol
 - o Patient should be decisional
 - o Refusal should be witnessed and signed, occasionally by law enforcement agencies

Informed Consent and Refusal

- Each case should consider contact with on-line medical control
- On-line medical control physicians should speak with the patient whenever possible
- Patient should be informed that they may call again for assistance at anytime and encouraged to do so if needed

Incompetent Patients

- Incompetent patients present a unique and special challenge
 - o Ensure that they received medical treatment
 - o Respect their constitutional rights
- Law enforcement agencies may need to be involved and provide assistance
- Characteristics of an incompetent patient are:
 - o Drug and alcohol intoxication
 - o Patients of minor age
 - o Mentally ill patients
 - o Patients being held against their will by court order or law enforcement personnel

Incompetent Patients (cont.)

- Consent to transport the incompetent patient is often considered 'implied'
- Personal safety, as always, is important
 - Special precautions may be needed. If at all possible, attempt to limit any self harm the patient may incur.
 - Restraint
 - Limit amount of accessible equipment

Patients Rights

- Paramount that personnel at all levels of the EMS system are familiar with state and local statutes regarding the patient's rights
- Patient may need to be placed under a Chapter 51 or Chapter 55 and held against their will

Do Not Resuscitate (DNR)

- Wisconsin legislation requires a state approved bracelet be in place at time of patient contact to take advantage of the statutory liability exemption
 - WI uses a standard state issued hospital type band or medic alert type bracelet
- Some states hold responding personnel liable if DNR order is not honored
- Other means may be approved by the medical director and acknowledged as acceptable DNR identification

Resuscitation Termination

- Field termination of resuscitation is gaining more acceptance and is becoming more widely practiced in EMS
- Requires a strong yet simple protocol which is agreed upon by EMS, hospital, law enforcement and coroner's office personnel

Resuscitation Protocols

- Common aspects found in protocols include:
 - Adequate attempt at resuscitation as recommended by ACLS
 - Condition consistent with situation
 - Is it a 23 year collapsed from a cardiac arrest or a 64 year old?
 - Body temperature. Is the body cool from prolonged cardiovascular collapse or prolonged exposure?
 - Family acceptance –important to at least briefly discuss the possibility of a field termination and pronouncement.

Pronouncement of Death

- Pronouncement of death in the field is not uncommon
- Strong, simple and clear protocols help reduce risk management issues
- Factors to consider in a pronouncement of death include:
 - o Down-time or time since last seen
 - o Decapitation, lividity, or rigor mortis
 - o Heart rhythm – resuscitatable vs. asystole

Special High Risk Situations

- Crime scene preservation/investigation
- EMS units need to be alert to the crime scene situation
- Respect the scene and do whatever possible to preserve evidence
- Ideally police and EMS personnel should meet and train 1 – 2 times annually

Transfer

- Medical director will need to provide guidance to the EMS service and even local hospitals regarding:
 - o Limitations of transfer with available crew configuration
 - o Protocols and equipment necessary for transfers

Transfer Policy Questions

- Transfer policy questions to answer:
 - o Who attends the patient – Paramedic, EMT-Basic, RN?
 - o Is a nurse indicated or are multiple medics needed?
 - o Who makes the decision regarding transfer attendants
- ALS vs. BLS care
 - o What situations mandate BLS vs. ALS response and transport?
 - o Is the decision made by 911 dispatch centers or is it made by the EMS service personnel?

Mental Health Patients

- Personnel must be educated in recognizing and caring for these situations
- Protocols must be established to define care
- Patient restraint as necessary must be available with proper equipment and techniques

System Overload, Diversion, Destination Determinations

- Firm and agreed upon patient destination policy is key
- Factors to consider
 - o Patient preference / request
 - o Hospital capability (I.e. Cardiac Cath lab, Trauma Center)
 - o System ability to absorb ambulances traveling to different hospitals

Multiple Patient Triage

- Require specialized training
- Require specialized protocols to determine required personnel and equipment for size of incident
- Provide a good opportunity for continuing education and drill or table top training

Call Cancellation/Non-Transport

- Call cancellation/non-transport issues
 - Determine who can cancel an ambulance. Police, first responders, fire personnel, no one?
- Develop strong and concise no transport policy
 - Consider patients who;
 - Refuse care
 - Minors
 - Intoxicated

Patient Abandonment/Abuse

- Need to be aware that these issues do occur and may pop up in your system
- Insist that patient care is transferred to a nurse at the emergency department upon arrival
- Set in place policies which allow reporting of suspected patient abuse

Destination Issues

- Hospital owned ambulances have special consideration under COBRA
- Make sure these are evaluated and discussed with corporate council if they apply to your system

Assault, Abuse, Neglect

- Abuse in the environment of:
 - o Pediatric
 - o Geriatric
 - o Domestic
 - o Sexual
- Each type has special concerns but patient care in general follow similar principles

Proper Training

- The medical director needs to provide personnel with appropriate training
 - o Ensure scene, patient and personnel safety
 - o Evaluate the patient as a victim of trauma, usually blunt
 - o Be mindful of the psychological trauma as well, provide care and compassion as much as possible

Interacting with the Media

- Media may interview you regarding a very wide range of topics.
- Consider some of the following:
 - Unique emergency situations
 - Local and National EMS health issues
 - Situations related to personnel and patient care
 - New equipment and treatments
 - Explanation of poor outcome or care given

Basic Responsibilities

- Maintain a scheduled block of office hour time.
 - o At least one day per month
- Unit ride-a-longs
- Attend meetings
 - o Board of Directors
 - o Regional EMS Medical Council meeting
 - o Lectures, run reviews, continuing education
 - o Dispatch review and interaction

Miscellaneous Responsibilities

- Protocol review and development
- New and developing literature and technology require that the medical director continuously performs critical review of service protocols
- Work with appropriate staff to implement protocol changes

Availability of Medical Director

- Quite often questions arise that only the medical director can answer
 - o Stay available through use of a pager or cell phone
 - o Designate an alternative if vacation or leave of absence occurs

Medical Director as a Resource

- Resource
 - o Resource to local hospitals and physician groups regarding EMS issues and activities
 - o Occasionally asked to give EMS updates to hospital personnel and community leaders
- Continuing Medical Education
 - o Available at the National, State and individual levels
 - o Important to stay current and monitor national trends which can impact or may apply to your service
 - e.g. – CPAP vs Rapid Sequence Intubation?

Summary

- The position of medical director can be exciting, rewarding and is often challenging.
- Understanding the statutes and duties is key.
- Keeping informed as to special and risk oriented situations is a constant challenge.
- Being active, involved and an open and constant resource to the service, medics and physicians will help make you successful and respected.