Laziness, Lies and the Law

Documentation Issues
And
Case Studies

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Lee's Disclaimer

Documentation

The EMS provider is responsible for keeping careful written records of every patient interaction. This record must be a professional, objective and factual rendering of the patient encounter.

The documentation will become a part of the patient's medical record. It will be utilized by other medical care givers during the continuum of care for the patient. Accuracy, detail and completeness are essentially important!

- Beebe/Funk

Program Outline

- Patient Records
- Quality Assurance
- Difficult Situations and Decisions
- Laziness and Lies
- State and Local Treatment Protocols
- Refusal of Medical Care and Transportation
- Public Health Law

Patient Records

- A Prehospital Care Report (PCR)/EMS Incident Report is intended to be used for/as…
  - Patient Record
  - Contact or Activity Report
  - Continuum of Care
  - Legal Documentation
  - Quality Assurance
  - Reimbursement/Billing
  - Research/Data Collection

Statewide emergency medical care system

- § 32.1-116.1. Prehospital patient care reporting procedure; trauma registry; confidentiality.

  A. In order to collect data on the incidence, severity and cause of trauma, integrate the information available from other state agencies on trauma and improve the delivery of prehospital and hospital emergency medical services, there is hereby established the Emergency Medical Services Patient Care Information System. The Emergency Medical Services Patient Care Information System shall include the Virginia Emergency Medical Services (EMS) Registry and the Virginia Statewide Trauma Registry.

  All licensed emergency medical services agencies shall participate in the Virginia EMS Registry by making available to the Commissioner or his designees the minimum data set…

  …The Commissioner may delegate the responsibility for collection of this data to the Office of Emergency Medical Services personnel or individuals under contract to the Office. The Advisory Board shall assist in the design, implementation, subsequent revisions and analyses of the data from the Virginia EMS Registry.

Prehospital Patient Care Report

Virginia's EMS Rules and Regulations
Chapter 31 - Part I General Provisions - 12VAC5 31-10. Definitions.

- **"Prehospital patient care report" or "PPCR"** means a document used to summarize the facts and events of an EMS incident and includes, but is not limited to, the type of medical emergency or nature of the call, the response time, the treatment provided and other minimum data items as prescribed by the board. "PPCR" includes any supplements, addenda, or other related attachments that document patient information or care provided.
- **"Prehospital patient data report" or "PPDR"** means a document designed to be optically scanned that may be used to report to the Office of EMS, the minimum patient care data items as prescribed by the board.

OEMS Patient Care Information System

- Includes the Virginia Statewide Trauma Registry (VSTR) and the Virginia Pre-Hospital Information Bridge (VPHIB).
- The VSTR and VPHIB are used for a variety of uses including:
  - system planning
  - system evaluation
  - grants management,
  - support legislative inquiries
  - contribute to other state and national databases (NEMSIS)

The NEMSIS Project

The National Association of State EMS Directors believed there was a NEED for uniform data collection

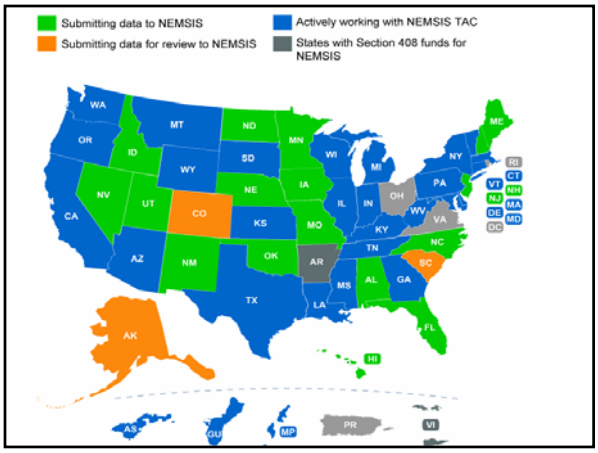
- EMS Education
  - Curriculums
  - Local Education
- EMS Outcomes
  - Something other than death
  - System evaluation

NEMSIS Overview

- Composed of two components:
  - Demographic dataset:
    - Standardized set of data fields that describe an EMS system
  - EMS dataset:
    - Standardized set of definitions describing an EMS event

Software Compliancy

- There are two levels of compliance:
  - Gold (collects all 479 elements)
  - Silver
- Currently there are 39 gold compliant vendors
- There are 38 silver compliant vendors



Principles of Documentation

- The purpose of patient documentation is to communicate the patients condition…
  - Standardized abbreviations & symbols
  - Errors and corrections
  - Legibility
  - Special incident reporting
    - Injuries to EMS providers or patients
    - Infectious disease exposure
    - Equipment failures
    - Crime scene

Commonly Used Charting Methods

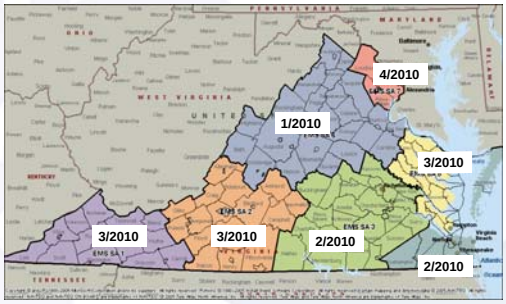
- SOAP Charting
  - Subjective information
  - Objective observation
  - Assessment
  - Plan for treatment
- CHEATED Charting Method
  - Chief complaint
  - History of present illness or injury
  - Examination
  - Assessment
  - Treatment
  - Evaluation/re-assessment
  - Disposition… transport destination

Quality Assurance

- The goal of quality assurance is to monitor, maintain, and enhance all components of the EMS system in order to insure the continuation and improvement of expedient, high quality care.

- REMO QA Manual

Implementation Roll Outs

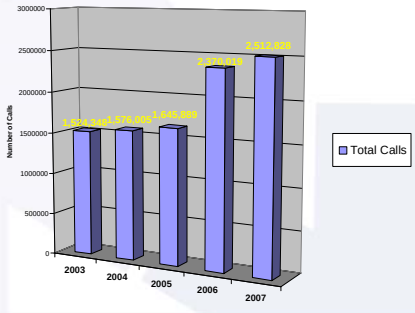


The Tool…EMS Medical Record

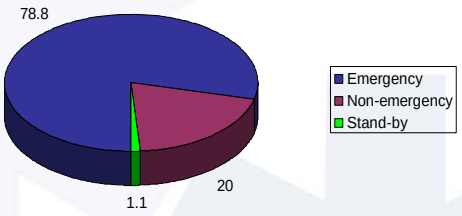
- Why so long?
- Why so many boxes/data points?
- "It takes longer to do the paperwork than treat the patient!"

Total Calls 2003 through 2007

Note: 2006 and 2007 Includes FDNY Data

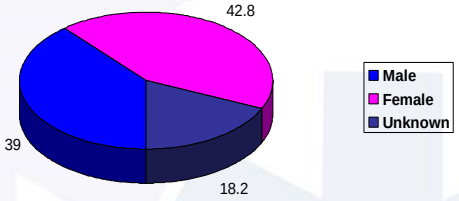


Statewide PCR Data - Call Type



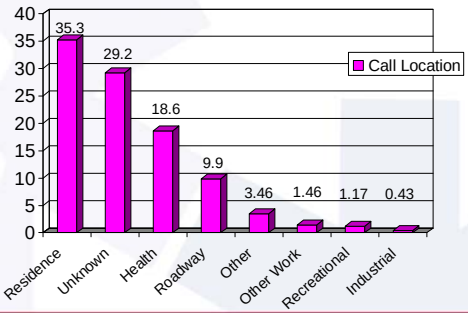
Statewide PCR Data

PCR - Patient's Gender

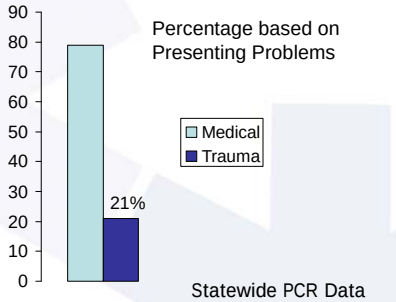


Statewide PCR Data

PCR - Call Locations

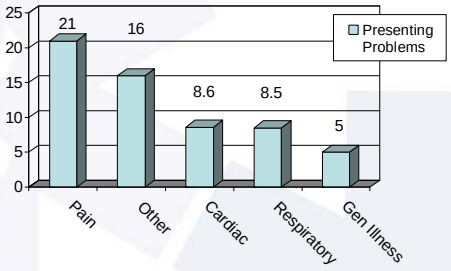


PCR - Medical vs Trauma



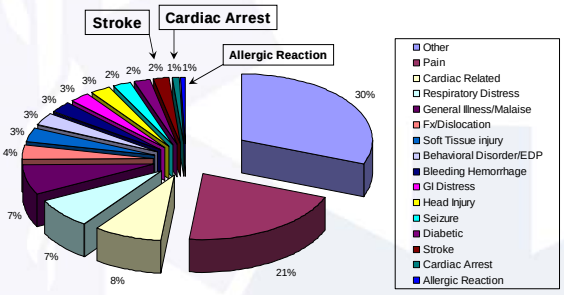
Statewide PCR Data

PCR - Top 5 Presenting Problems



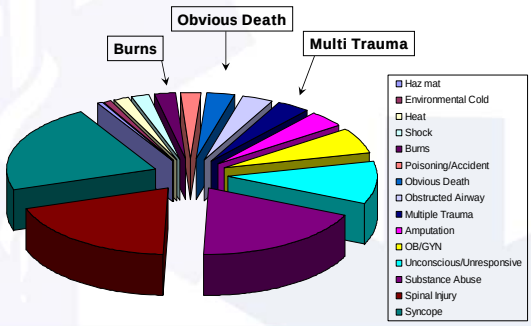
Statewide PCR Data

Top Presenting Problems

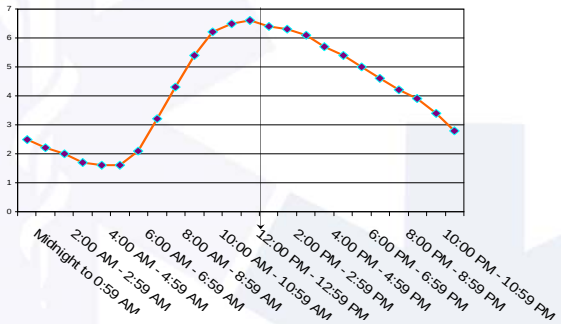


Presenting Problems

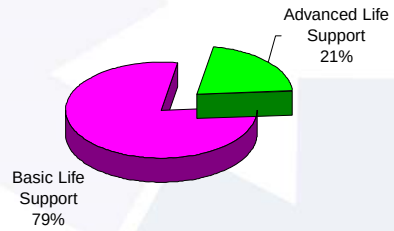
Under 2% of the Total Call Volume



Time of Emergency Call

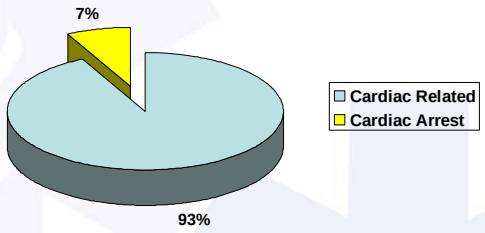


Level of Care Provided



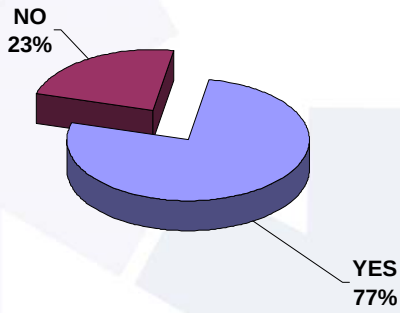
Emergency Cardiac Calls

Based on 146,872 cardiac calls



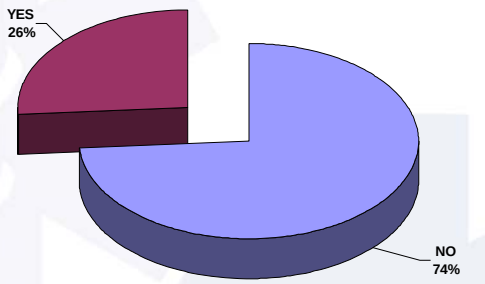
Oxygen Administered with Chest Pain

(Based on 122,526 Documented Calls)



Cardiac Arrests Defibrillated

(Based on 12,700 Calls Documented)



Situation # 1

You are called to a motor vehicle crash. When you arrive, the 1st responding fire department turns the patient over to you. They give you a verbal report and a small piece of paper with vital signs. The patient is already back-boarded by the FD and they assist in loading the patient in to the ambulance. The patient is stable.

You introduce yourself to the patient, find her appropriately responsive and stable. You advise the driver you are ready to leave for the hospital.

Situation # 1… cont.

Once at the hospital, you are assigned a room, you give a report to the ED nurse and transfer the patient to the hospital stretcher.

You return to the nurses station to start writing your patient report. You write the information given to you by the fire department….

- What would you have done?
  - Conduct a patient assessment once in the ambulance?
  - Would you have obtained your own set of vital signs?
- Has this happened to you?
- How would you document this EMS call?

So… What happened in this situation…

- What did this EMT do/not do…
  - He never conducted a patient assessment
  - He never took a second set of vital signs
  - He documented a patient assessment and several sets of vital signs on the PCR
  - The EMT chatted with hospital staff at the nursing station
  - He did not complete the pt record in a confidential environmental

- The patient asked to see her medical record and noticed that the EMT documented things that she knew were never done…
- The family filed a complaint with the Health Department…

Conclusions

- The EMT was not experienced
- The EMT and did not follow protocol
- He was charged with failure to provide patient care and forging patient care records.
- The Department offered a stipulation and order requiring a monetary fine, a probationary period and remedial training…

Outcome of Investigation

This EMT chose to surrender his EMT certificate.

He will not be eligible for re-certification without Department hearing and approval…

As a result, this EMT lost his job and his passion.

Situation #2

You are called to a run down apartment building or mobile home. The call information indicates that you have a patient who was involved in an altercation and was struck in the head with a baseball bat.

When you arrive, you find a large male in his early twenties. He appears to be agitated and does not want your assistance. Also present are two women. One claims to be his mother and the other his girl friend. Both are adamant that you should take him to the hospital.

Situation #2… Cont

The patient continues to fight you off by swinging and yelling. You notice that there is blood matted in his hair and he is wearing a blood stained t-shirt and his mother tells you that he has been vomiting.

The patient continues to refuse your attempts to help. His mother and girl friend seem to be getting more agitated. In an effort improve the situation, you have called for the police and the officer has arrived. You explain the situation and you, your partner and the officer decide that since the patient does not want to go to the hospital, and you can not take him against his will. You have to leave him on the scene in the care of the two screaming women.

So… What happened in this situation…

- The ambulance crew and the police officer left the patient on the scene.
- The mother and the girlfriend strenuously objected.
- The two women wrestled the patient into a private vehicle and took him to the local hospital.

- There is was determined that he had a skull fracture and his brain was herniating.
- The patient was immediately transported, by ambulance, to a neuro-trauma center.
- There he lapsed into a coma
- He died 30 days later.

Conclusions

- The EMTs did not recognize or chose to ignore classic signs and symptoms of a severe brain injury.
- The EMTs and did not follow protocol
- The EMT in charge was charged with failure to provide patient care and forging patient care records and abandoning a patient.

Outcome of Investigation

The EMTs were taken to hearing with the intension to revoke their certifications.

The EMT in charge is still awaiting the Commissioner of Health's final order.

He partner entered in to a Stipulation and Order which included a fine and a suspension of his EMT certificate. He was fired from his job.

EMS Complaints

- Complaints against EMS Providers can generally be placed into 3 categories…

1 - "Stuff happens"
2 - Lazy, stupid, careless, thoughtless…
3 - Malicious, purposeful, criminal…

Lazy????

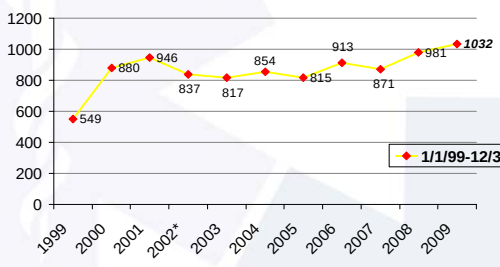
How the DOH Finds Out…

- Unsigned Student Application
- News Report (TV/paper)
- Unusual Occurrence
- Department Inquiry
- Department Inspection
- Anonymous Complaint
- PAG Inquiry
- Direct Knowledge of an Incident
- Law Enforcement Referral
- *A Report from an EMS "Colleague…"*

The Types of Things That Get Investigated

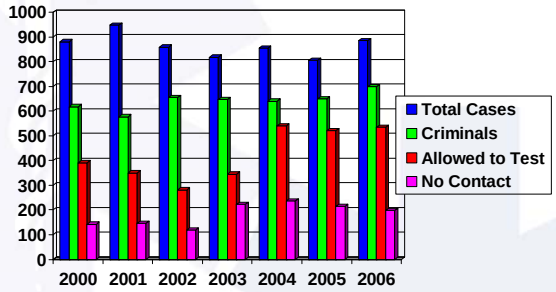
- Patient harm
- Patient Complaints
- Criminal History
- Ambulance Crashes
- Diversion of Narcotics
- Equipment Failure
- Course Sponsors
- Instructors
- Public Gathering Events
- Violations of Code/PHL
- Violations of Protocol

Investigation/Case Trends



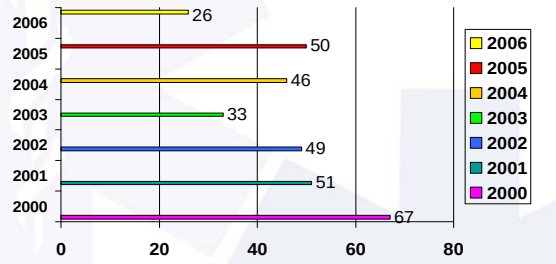
* Removed Ambulance Crash Data

Case Type Distribution



Enforcement Trends

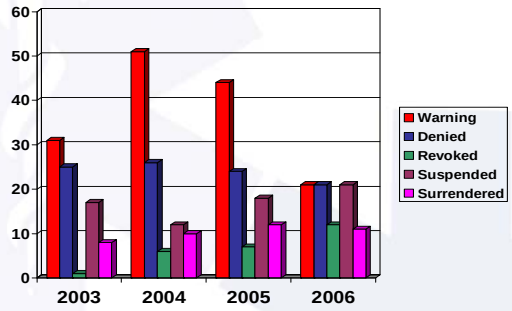
Cases Referred to Legal Affairs for Legal Action



Enforcement Action

- Written warning
- Legal Stipulation and Order
- "Voluntary" surrender
- Fines
- Suspension
- Revocation
- Hearing before an Administrative Law Judge

Final Legal Enforcement Actions



Situation #3

You are called to a run down apartment building for an intoxicated male. Upon arrival, you find an elderly intoxicated male in the hallway. He is conscious, alert and belligerent. He has refused your care and wants you just "to leave him alone". He appears to be having difficulty breathing and he looks to be in poor general health. He stumbles to the door of his apartment and tries to get in. You assist him in gaining access and he still refuses your offers to help...

Situation #3... cont.

You and your partner assess his vital signs and continue to urge him to allow you to transport him to the hospital. He still refuses and seems to be getting angrier. You get him settled in his favorite chair and rather than having him sign the RMA section on the PCR, you just leave.

When you write the PCR, you indicate that no patient was found...

- What did this crew do?
  - Assisted the patient into his residence
  - Did the initial assessment and vital signs
  - Took time with the patient
  - Honored the patients request to refuse medical attention

So… What happened in this situation…

- The patient was found dead the next morning.
- The crew documented the call as “no patient found”
- A neighbor called 911 and was present when the crew was on the scene

Results of the Investigation...

- The EMTs falsified the documentation
- They failed to follow a specific local protocol regarding RMA.
- They did not follow the NYS BLS Protocols.
- The EMT were both suspended and fined for their actions.

Situation #4

A crew is treating a large patient complaining of severe dyspnea. The patient has been assessed, treated and placed on the stretcher. The two EMTs raise the stretcher into the loading position. As they are loading the patient into the ambulance, the patient shifts/moves.

The stretcher flips over onto the ground. The patient strikes the ground with her head and loses consciousness.

- What action would you take?
  - Wait for assistance
  - Call your supervisor
  - Call the Police
  - Transport the patient

- What did this crew do?
  - Immediately assessed and cared for the patient
  - Immobilized the patient's spine
  - Spoke with the family regarding the incident
  - Transported the patient to the ED

So… What happened in this situation…

- The patient died in the emergency department.
- The crew documented the call in exacting detail.
- The family filed a complaint with the ambulance service and the DOH

Results of the Investigation...

- The ambulance service was required to update and develop policies and procedures for...
  - Reporting incidents where patient injuries occur
  - Routine stretcher maintenance
  - Training and operation of the ambulance stretcher
  - The EMTs were not charged

Scenario # 5

You are called to the home of a "frequent flyer". He is 53 y/o and has called this evening because he has fallen to the floor. He has a medical history which includes seizures, controlled by medication and a physical disability. You know that in the past, his falls have resulted in injuries and he is unable to get up without assistance.

When you arrive, the front door is not locked. You find the patient, in the kitchen trapped under his walker. He tells you that he is not injured. After a brief physical assessment, you assist the patient to his feet.

Scenario # 5... cont

With your assistance, he sits in his chair in front of the television. He thanks you and tells you that he does not want to be taken to the emergency department.

You question him further and make sure he understands that if he is injured, he should call 911 again. You promise to return. He assures you that he does not want to go the the ED.

You leave him in his chair and return to service...

What Do You Do Next?

- How should this call documented?
  - Refusal of medical aid
  - Assistance without transport
  - No patient found
- How should this call be handled?
- What would you do?

Scenario #6

You are treating a patient at a car wreck. She seems to be alert and oriented. She wants to be transported to the hospital, but refuses to be collared and back boarded. You advise her of the possibility of spinal injury and the risks of permanent damage. Further, you tell her that you have to follow protocols or you will be in trouble... She still flatly refuses!

You agree to transport her. En route to the ED, you call the hospital, provide a patient report and explain that the patient refused immobilization.

Scenario #6… Cont

The ED nurse asks you to repeat the situation regarding the refusal of immobilization. She tells you to advise the patient that she could end up like "Christopher Reeve…" The patient hears and continues to refuse!

How Do You Handle…

- The patient?
- Patient presentation?
- Transfer of care at the ED?
- The Medical director/Quality Assurance?
- The documentation?

Refusal of Medical Aid

- Treatment and Transportation
  - The patient has specific rights under Public Health Law
  - The patient has the right to refuse
  - The patient has the right to chose the hospital destination… unless…
- No Patient Found
- Liability for Refusals

Local and State Protocols

- BLS Protocols for the Adult and Pediatric Patient
- Regional ALS Protocols
- Service Medical Director's protocols
- Agency Policies and Procedures

Protect Yourself!

- Thorough patient assessments
- Proper treatment modalities
- Re-assessment as situation dictates
- Complete patient presentation
- Accurate documentation
- Quality assurance
- Continuing education

In The End….

- To put this into perspective…
  - There are about 60,000 certified EMS providers in New York State
  - There were just under 1000 EMS complaints in 2009.
  - Of those… 56 complaints were patient care related.

- Steve Berry

So, (nag, nag, nag) PLEASE!!!

- Perform thorough patient assessments
- Make educated rational decisions
- Follow state and local protocols and…
- *Use good judgement !*

- Steve Berry