

Old Narratives: New Providers



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DISCLAIMER

I am not an attorney!

This is an informational presentation.

If you are named in a lawsuit, seek professional counsel and representation by an attorney.

This is in no way intended to provide legal advice.

Experience???

How much time did you spend writing narratives in your BLS certification course?

- 1 hour?
- 3 hours?

How much time did you spend practicing patient evaluation?

Exercise

Count the number of "e"s

IN THE TEXT ONLY!

***Volunteer EMT's &
Paramedics are the
backbone of Emergency
Medical Services in the
Commonwealth of
Virginia!***



How many “E”s did you see?



MVC 6/18/96 Rodgers (fatality) v. Powell (firefighter)

*Volunteer EMT's &
Paramedics are the
backbone of Emergency
Medical Services in the
Commonwealth of
Virginia!*

How Many “E”s did you count this time?



M
Y
G
P
S

Do We All See Things The Same?

Volunteer EMT's & Paramedics are the backbonee of Emergency Medical Services in the Commonwealth of Virginia!

15

Duties of EMS Personnel

- Duty to maintain current certification
- Duty to participate in training activities and requirements of your OMD
- Duty to maintain your equipment
- Duty to the patient
- Duty to provide care within your level of qualification and the level of agency licensure
- Duty to document completely, accurately, and in a timely fashion

Scope of Practice

Licensure v. Certification

- Licensure: permits the practice of medicine in other professions, e.g. nursing
- Certification: an assertion of fact that the provider has completed training

Perform Emergency Medical Care - do not practice medicine

“The level & type of care that a provider can legally render under the state law & local EMS protocols”

The “**GOLDEN RULE**” of EMS

If you did not document it,

You did not do it!



You be the Judge:

You apply a splint to a patient's leg

You evaluate pulse, motor & sensory response before & after splint application

Patient is moved in the radiology department...

Patient goes to surgery and becomes a unilateral amputee

Patient names you in a lawsuit

Your PPCR is subpoenaed

Your narrative states you applied a
splint

What else does it say?

What doesn't it say?

Perception

Often times, poor or incomplete documentation is perceived by jury members to be indicative of poor or incomplete care!

Will the jury members think you breached your duty to the patient?

Will they perceive your care as being less than the "standard"?

Good Documentation...

“Cats Rule.....”

Complete

Accurate

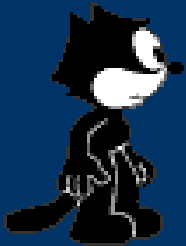
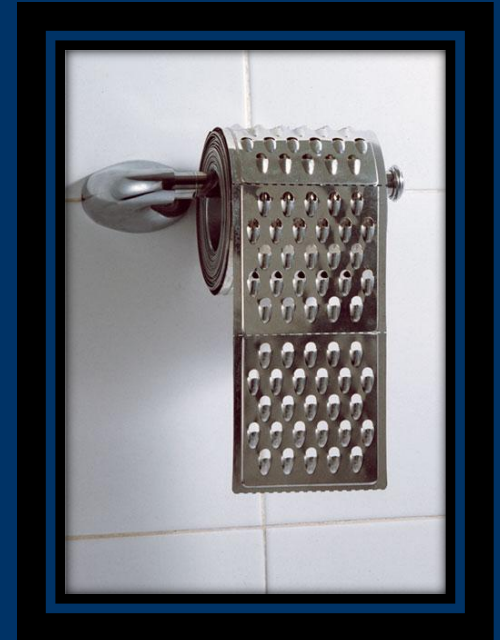
Timely



Spike “Zilla”



Poor Documentation =
Potential Liability



Dogs Rule too!



Key Area's of Liability to EMT's

Bad Refusals

- Failure to consider “competency”
- Failure to document

Negligence

- Ordinary negligence vs. Gross negligence

Abandonment

- Transfer of care
- Failure to document

Patient Care Issues

- Airway
- Spinal Immobilization
- Equipment Failure



Bad Refusals

Failure to consider AND document
“competency”

Know your state’s requirements

Informed consent to refuse:

- 14 years of age
- Legally emancipated
- Is the patient “informed” of the potential consequences of the refusal

Competence

Patient must have the capacity to grant consent

Doctrine of implied consent has been extended in most jurisdictions to include temporary incompetence secondary to intoxication
Contact medical direction / document



Commonwealth of Virginia:

VA Code § 54.1-2969.C

Provides a minor in need of emergency care can be treated without consent of legal authority, but if the minor is 14 years or over and able to respond, he or she must be consulted for his or her consent.

The authority to consent necessarily contains the authority not to consent, or in other words, to refuse.

Negligent Tort

(civil action)

Elements:

- Duty to the plaintiff
- Breached the duty
- Plaintiff suffered injury as a result (damages)
- The injury was a reasonably foreseeable consequence (proximate cause)
 - Gross Negligence: conduct or a failure to act that is so reckless that it demonstrates a substantial lack of concern for whether an injury will result

Note: Government employees may be immune from ordinary negligence and still liable/culpable if found to be grossly negligent

Gross Negligence

Willful & wanton disregard

- Providing care beyond your scope of practice
- Unsafe driving
- Driving with emergency lights and sirens when there is no emergency suspected to exist
- Failure to contact medical direction when “out of the box” procedures are going to be used
- Abandoning a patient

Not all inclusive

Abandonment

Failure to ensure your patient is turned over to the same or greater level of care, based upon the assessed and documented needs of the patient!

If you fail to document the transfer of care, the perception is perhaps you did not transfer care in accordance with the Standard of Care!

Patient Care Issues

Often the result of a failure to document the care you provided, leading jurors to believe you did not perform skills consistent with the curriculum you attended.

- ❖ Failure to document continuous C-spine immobilization & rechecks.
- ❖ Failure to document equipment failure.

Burden of Proof

Preponderance of the Evidence

- The greater weight of the evidence

Clear & Convincing Evidence

- A standard of proof higher than preponderance, maybe 75% - 90% (if you were to think of it in terms of percentages)

Beyond a Reasonable Doubt

- The highest standard of proof

Evidence



Mistakes???

The presiding judiciary seeks the truth...

Humans make mistakes

Do NOT lie or alter your report

Document what happened

– Can write addendum in follow up

Basics in Documentation

Medical Record
Legal Document



CAT

Benefits of Proper Documentation

Writing clinical impressions may reduce the potential to miss things

Recording your observations thoroughly assists other healthcare providers in the continuum of care

Reduce the potential for liability - memory fades with time

Withstand litigation - if a medical record is CAT it may prevent a suit from progressing beyond the investigative stages

Consequences of Poor Documentation

May lead to a claim you breached your
duty to the patient

The main piece of evidence used to
prove or destroy a case is the
medical record

Medical records are permanent and
usually secure; therefore, the record
is presumed to be the truth



WHAT DO YOU SEE?

What did you see?

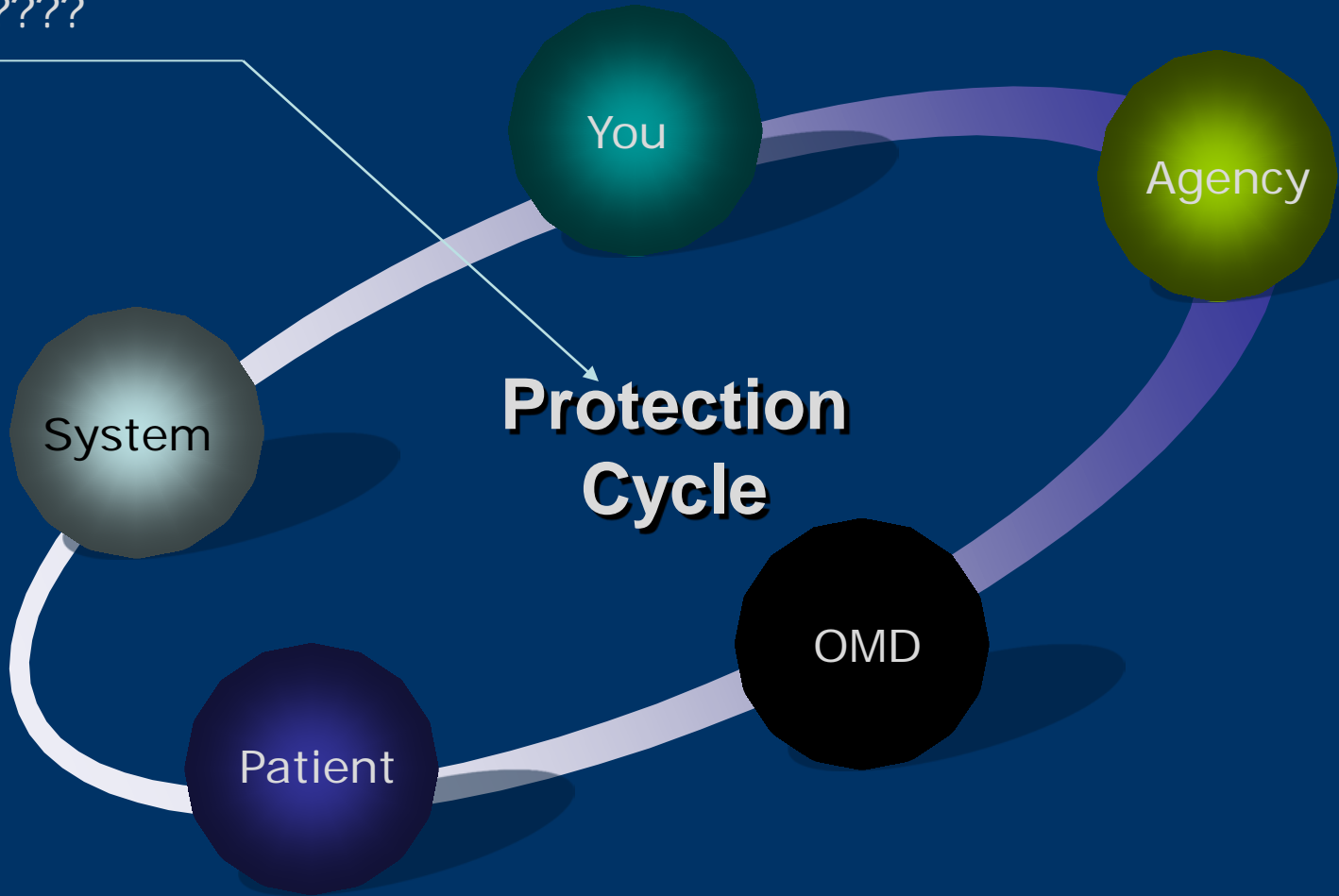
How many windows did you see on the trailer?

How many steps did the dog climb?

How many dogs were on the beach?

Cycle Diagram

Why??????



Paint a Picture! {with words}

Phase 1

Phase 2

Phase 3



See



Interpret



Relay

Rules of Documentation

Develop & practice a systematic approach
Consistency reduces the potential to miss a
key piece of information

Never ignore negative findings – document
pertinent negatives

– Things you find during your exam that warrant no
care, but show evidence of your thorough
performance

Never falsify any information on the chart

Rules (continued)

Quote the patient

Document promptly

“res gestae statements”

Document **legibly** - neatness counts

Write in ink - preferably black

Be specific & objective

Only use medically acceptable abbreviations, if you are not sure, DON'T use it

VPHIB/NEMESIS

Computer Reports???

What is the reason for mistakes?

New EMS Regulations?

Time - 12 hours

Scope of Practice

Rules (continued)

If you must alter the document, do so cautiously and carefully. Corrections should be made with a single line drawn through the error and your initials beside the correction

Consent or refusal should be documented

Report should be complete - no blanks

– *Fill in blanks with “N/A” or “unknown”*

Rules (continued)

Avoid omissions

Baseline vital signs should be obtained and recorded for every patient – if you are unable to obtain a complete set of vital signs, document why

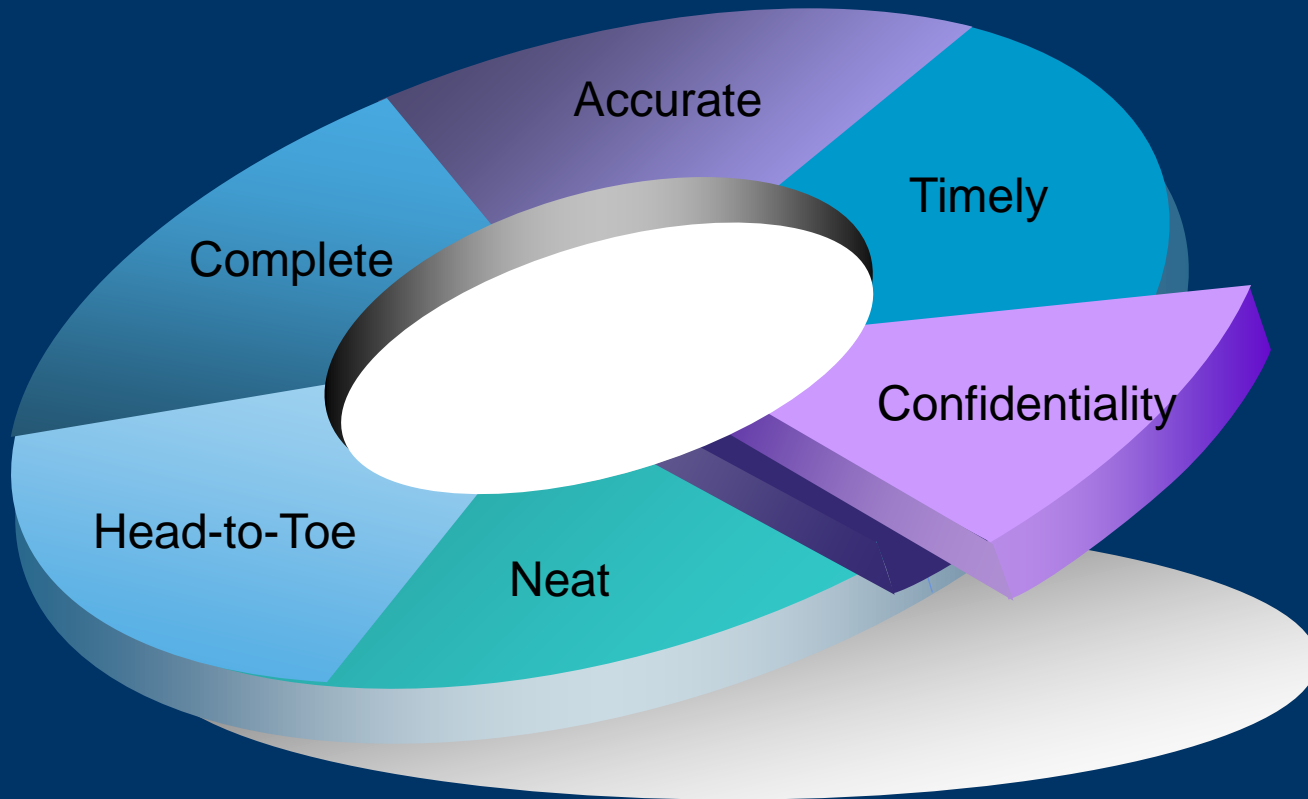
Record your ongoing assessments, did your interventions / care result in improvement or no change

Document the transfer of care

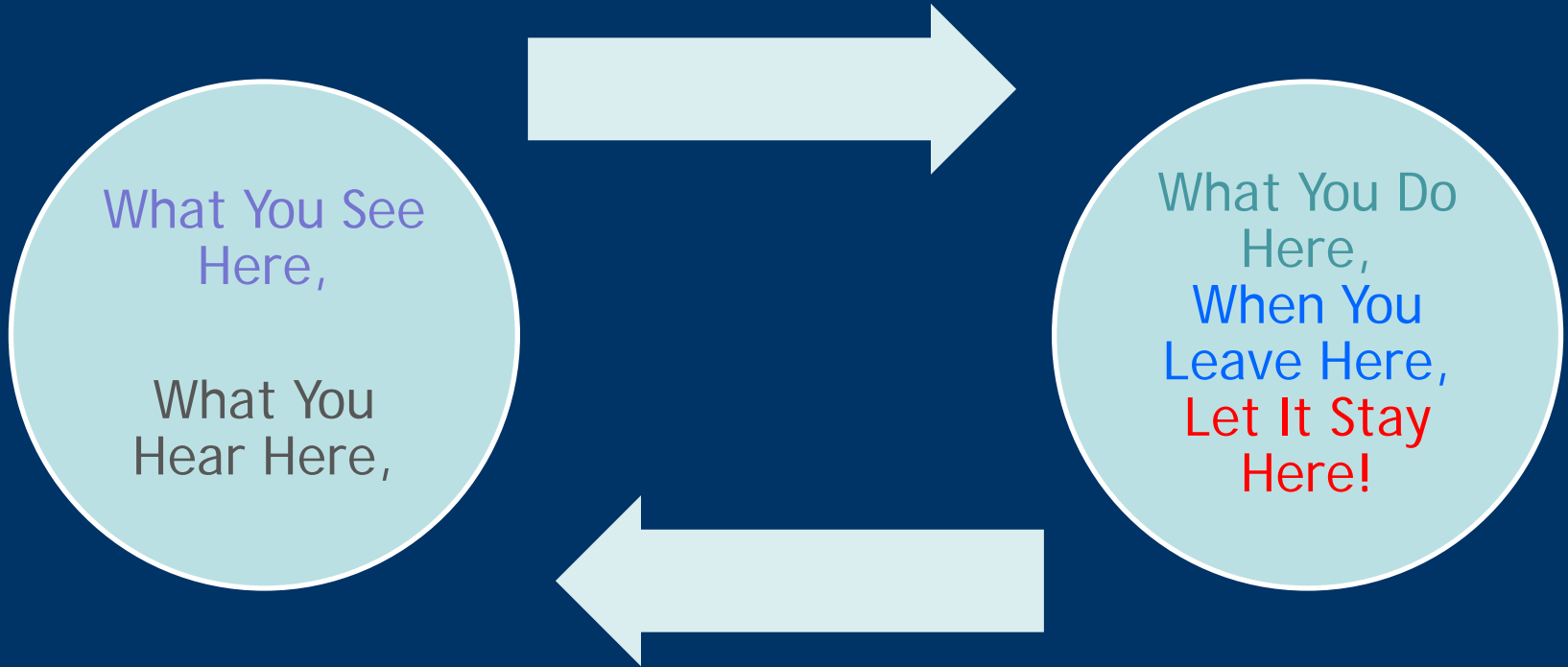


Protect
Yourself
with
CAT
Documentation

Documentation Chart



Confidentiality



PHI



Disclosure

Care

Investigation

Billing

Training
QM/QI

You be the Judge

You respond to a motor vehicle crash and find a female patient with a small contusion and laceration to her forehead.

The patient is refusing treatment &/or transport.

You be the Judge (continued)

The patient signs a refusal, but the refusal &/or narrative does not paint a picture of the advice you provided when you informed the patient of the potential consequences of the refusal. The patient dies as a result of a subdural hematoma later that night.

The Medical Record

Your PPCR is the only record of events immediately after the accident...

- What does the record indicate?
- What information was not recorded?
- Could you be perceived as breaching your duty to the patient?
 - Was your care sub-standard?
- Would the reasonable and prudent EMT testify that the standard of care was not adhered to?

Devil's Advocate

Write each and every patient record as though you are a juror...

Try to detach yourself and look at your report from the outside looking in.

Did you "paint a picture"?

Is it thorough and accurate?

Systematic Approach

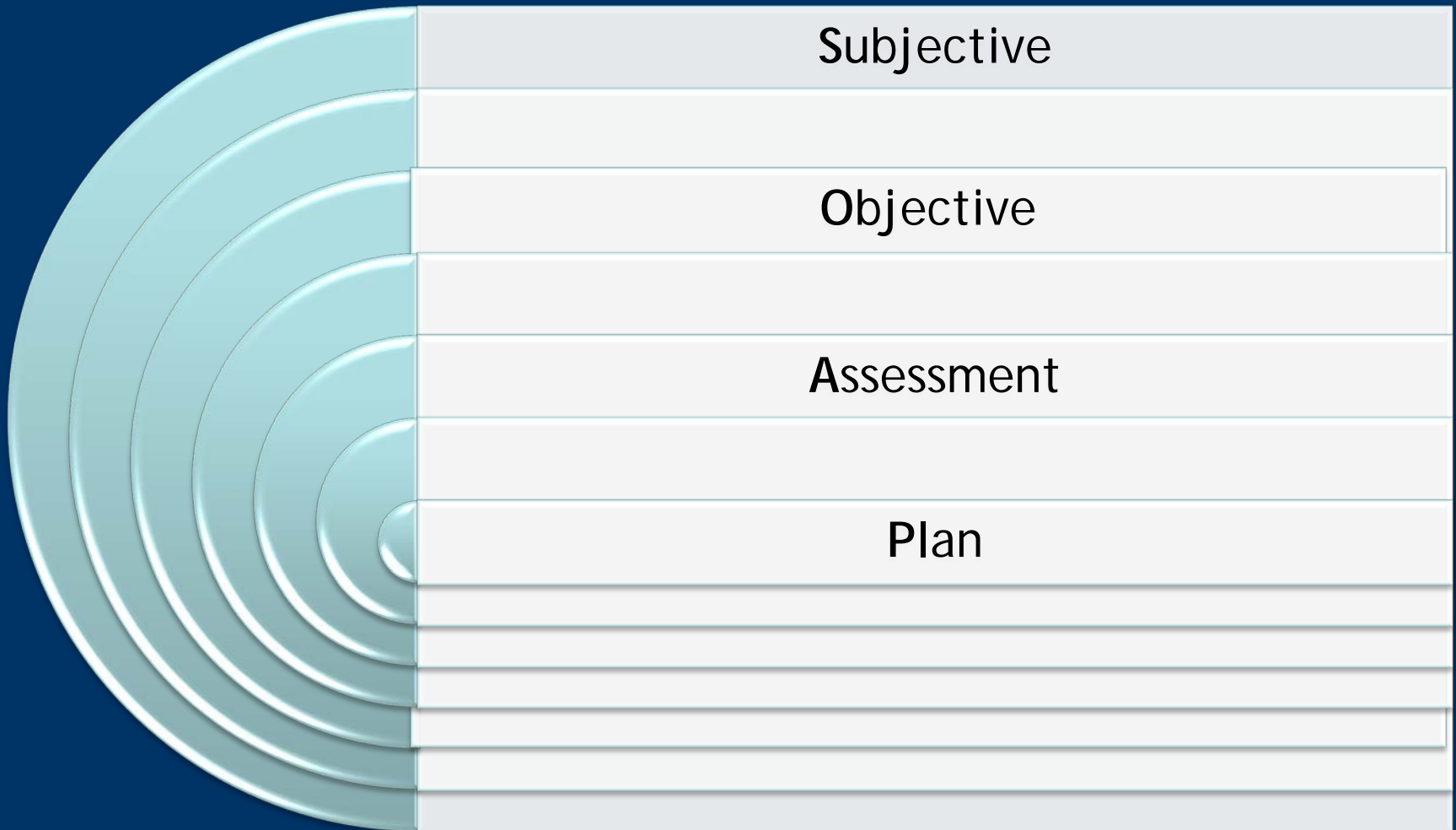
CHART

What's Your System?

SOAP

Hx, Pe, Tx

SOAP Method



Objective vs. Subjective

- Factual
- Can be Measured
- Quantifiable
- Unbiased
- Verifiable

- Opinion
- Personal Belief
- Perspective of Writer's View
- Open to Interpretation
- Often Uncertain

Dog is a German Shepherd



Dog is Cute



CHART Method

Chief Complaint

History

Assessment

Rx (Prescription for Treatment)

Transport

HPT Method

Hx = History



PE = Physical Examination



Tx = Treatment & Transport

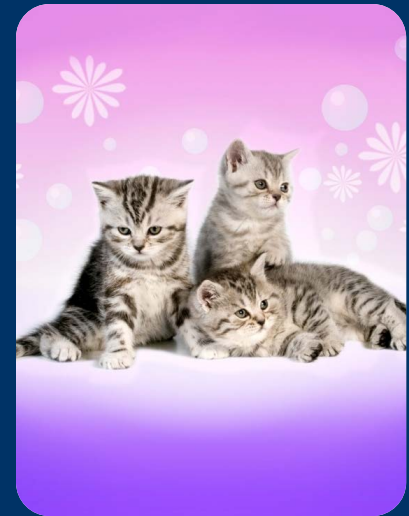


Consistency

Regardless of format:

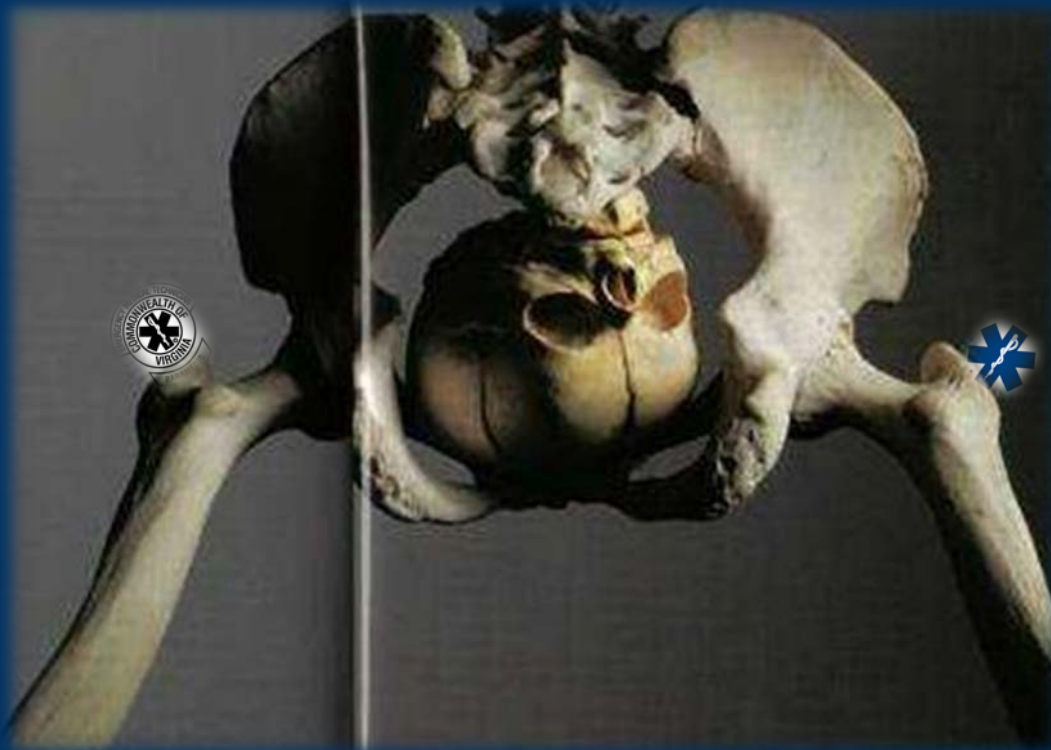
- Head-to-Toe every time
- Consistency
- Reduces mistakes
- Reduces potential for liability

“Cat”



TRUE Examples of poor documentation

Arrived on scene, pt sick to her stomach, said she ate some food that may be bad. V/S normal. Placed pt in POC and transported to ER.



Improvements:

Pertinent Negatives?

Vital Signs - how do you know what is normal for that patient?

Skin temperature, texture, color?

Abdominal tenderness or rigidity?

Age of patient - is she in child bearing years?

Correct your spelling!

Another **TRUE** example:

On scene found patient drunk. He's a regular who always gets drunk. He called for EMS to avoid going to jail. He stinks bad. We turned him over to PO.

DUMB ASS



And another....

Called 4 medical raisins. Patience in
floore. She wus sikk. She puuked
on floore. Blud wus in the puok.
She didn't waunt us so we lift.

Buddy

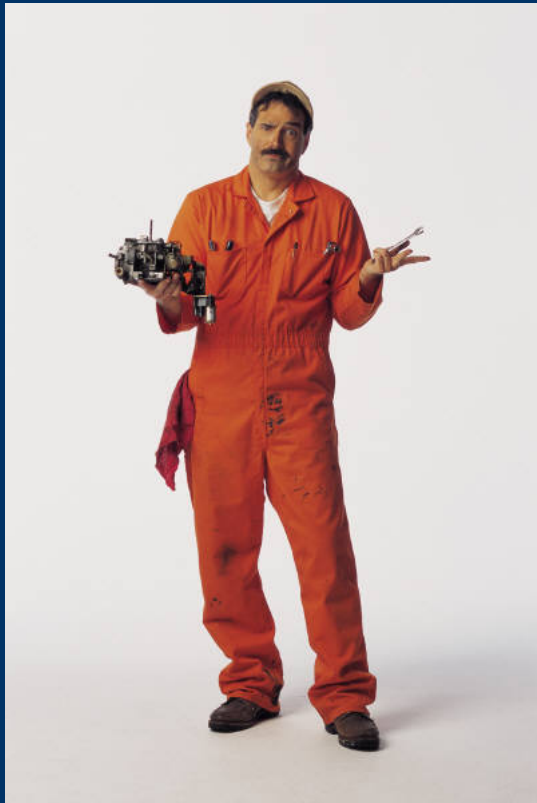
Proper Documentation

HX: Upon arrival, I found a 64 y/o female patient (Pt), lying prone on carpeted floor in living room. Pt states “I laid down on the floor because I am just too weak to stand”. Pt’s C/C is nausea, vomiting and weakness. Pt has been sick x 2 days and vomited x 3 within the last hour. Pt denies allergies, takes Atenolol for HTN and low-dose ASA. No GI hx. Pt states she ate soup yesterday evening but doesn’t remember how much or what time.

PE: Pt CAO x 3, denies LOC, denies any trauma. Pt denies SOB &/or chest pain. V/S: B/P 108/62, P 94 & Regular, R 24 & non labored at time of exam, PERL, skin Pale/W/D. BBS = clear. Poor skin turgor. ABD soft & non-tender at time of exam. Pt denies diarrhea & states urinary function is normal. Distal pulses weak, grips =/strong. Balance of PE unremarkable. Noted vomitus on floor which appears to contain a small amount of dark colored blood.

TX: Evaluation and assist back to chair only. Pt refusing additional treatment &/or transport adamantly because her daughter is on the way. Pt states she will go POV to the hospital when her daughter arrives. I explained to the patient that she may be bleeding internally, which is a serious condition that warrants immediate transport and evaluation by a physician in an emergency department. I informed the patient of the potential risks associated with refusal and delay in care. I advised her to call us back immediately if her condition worsens or if she changes her mind. Pt still refusing transport AMA, pt signed refusal, witnessed by Troy Copeland, FF, Co. 1. Crew returned to quarters and I contacted medical control to advise them of the situation. *S. H. Phillips, NREMT-P*

Who Is The "Professional"?



Buddy



*S. Heather Phillips, NREMT-P
Terrance Andrews, EMT
Breanne Timbrook, EMT*



Did you write it down?

Consent

All findings

Pertinent negatives

Description of scene or events

Advice given to refusal patients

In Closing

*Ask
yourself*

QUESTIONS???

