

To: Station Captains for presentation to all providers Date: 02/02/02

From: Roger M. Stone, M.D, M.S. FACEP, FAAEM Please post
Medical Director, MCFRS Jurisdictional Program

Re: Helpful "Pearls" from Lessons Learned, 4th Instant Fax in a Series

As the individual cases cross the desks of the QI office, we respond to improve outcome by tracking patterns in the system which link many of the cases we review. I have already underscored the pitfalls of non-transports and continue to demand only one's best efforts on every call. The following is aimed at utilizing our best resources.

Do you strike the right balance between the consultative use of multiple medics on the scene and handling something yourself by waving off the additional brain power? The reason for this question is clear when one looks at common threads on problem calls:

- Multiple medics make it to scene, but too few feel responsible for the patient
- Multiple medics on the scene perpetuating a human error by the PMIC: It may be because they are not focused on the patient, or don't feel empowered to speak up when they have a better idea, or "would have done it another way"
- Medics dismissing the 911 high risk chief complaint because it is resolved
- Plenty of medics on the scene, but the patient is not deemed worthy of one of them going to the hospital in borderline cases, so the patient is inappropriately or unnecessarily down graded to BLS given our rich resources and the risks
- After a review starts, every one points the finger at someone else
- Multiple medics on the scene, none seeing the discomfort BLS expresses
- BLS providers afraid to disturb ALS, and offering to take ALS patients

The issue I am discussing has part of its solution in the tenants of crew resource management, which Captain Collins teaches and has its roots in aviation. I now urge all of us to start thinking in a progressive way, to include things like:

- High risk chief complaints are always worthy of caution, and patients should be URGED, not just given an offer, to go to ED
- Every provider on the scene of a single patient encounter should at least know what is happening with the call, the chief complaint and how the patient looks
- ALS should carefully listen to the entire presentation by BLS first responders
- With multiple medics, try using them to consult rather than send them away
- No non-transports should occur without medics or EMT-Bs dispatched and on the scene having discussed the patient, and felt able to express an opinion
- Every provider should feel free to respectfully urge a more compulsive stance