To: Station Captains for presentation to all providers Date: 06/21/05

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

Re: Resurrection of Helpful "Pearls", or Lessons Learned, 6th Instant Fax in a Series

As the individual cases cross the desks of the QI office we track patterns which link many of the cases we review. The following is aimed at utilizing our best resources.

How many times do you hear the words "Good Intent" to describe a call where the result is that no services were needed? Or is that hindsight code for just no services rendered? Is there an appropriate distinction drawn between a mistake by the public in summoning help, versus a real victim or patient who needs an assessment made of that need before a disposition of the call is made, whether medical or situational? There is a true difference between the true "good intent" on the scene and the presence of a patient who may ultimately, perhaps even legitimately, not wind up wanting or needing services.

The reason for this question is clear when one looks at common threads on problem calls. "Good intent" seems to give the average EMS provider a free pass on working… The bigger problem is there is a perception that it gives a free pass on paperwork as well. So when things go wrong, not only is it tragic for the patient, but indefensible for providers, and thus perilous for the system.

The interest of any medical director in this topic should be obvious. When it comes to the quality of patient care, I should be concerned if some colleagues may not even recognize in many instances that a patient exists in the first place. In that spirit, I was asked to help show the expansive medical definition of the presence of a patient.

- Any human being with a chief complaint at any time during the generation of a 911 call, even if someone else felt responsible for reporting the symptoms
- A patient exists on a scene whenever a human witnessed an event that in the eyes of a prudent layperson would be expected to injure someone; or witnessed signs which would reasonably imply illness
- The presence of a sign that a reasonably trained EMS provider would know to imply injury or illness, even in the face of denial by the patient
- Any person a health care professional who calls 911 has deemed a patient
- Any person for whom Power of Attorney has called 911 with a complaint
- Any person who was involved in a situation that a trained provider should suspect would lead to illness, injury, both past and future if untreated

The opposite, or true “Good intent", has a much stricter definition;

- A situation where a well meaning citizen, with limited information, calls in to report a suspected medical emergency, and on arrival that situation is completely non-existent as suspected
- A situation where in addition to above, the intended beneficiaries are in fact denying injury, illness, or would not have called for your help
- In addition to above, the intended beneficiary is neither obviously injured, nor appears to a trained eye to have any signs of injury or illness
- Finally, the above person may not be impaired, nor an unattended immature child

The problem calls from this can be reduced by 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:

- Do not consider anyone who was unconscious a good intent call
- Every provider on the scene of a single patient encounter should at least know what is happening with the call, and seek the chief complaint if it exists
- ALS should carefully listen to the entire presentation by BLS first responders
- Never call a patient with mental deficiency, intoxication or head injury in the face of a complaint by a third party, especially family, a good intent call; instead it is our job to see wither a refusal of services is more appropriate
- No non-transports should occur without medics or EMT-Bs dispatched and on the scene having assessed potential patient complaints thoroughly
- Every non-transported patient needs a comprehensive narrative to describe the actions taken which lead to a non-transport