



McLean County Area EMS System

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MEMORANDUM

TO: MCAEMS System Providers
FROM: Michael Crabtree
Quality Assurance Coordinator
RE: 4th Quarter 2012/1st Quarter 2013 QA Memo
DATE: 1/21/2013

Below are some common issues and requested guidance from the past quarter. Please review and incorporate the following into your patient care. Feel free to email me (mcrabtree@mcleancountyems.org) should you have any questions or concerns.

- **DELAYING TRANSPORT FOR INTERCEPT** – Agencies should not delay transport of patients while awaiting an intercept. Patients should be transported as soon as the scene dynamics allow. In most situations, intercepts will be completed enroute to the hospital destination. At no time should an ambulance transport a patient via a longer route in order to obtain an intercept. Therefore, units utilized for intercept should be in direct travel to the receiving hospital. Further, transport should not be delayed if an intercept is not available. *For further guidance, please see In-Field Service Level Upgrades policy.*
- **GIVING MEDICAL ADVICE** – Regardless of provider/service level, providers should never give medical advice to patients and/or individuals interacting with the EMS system. Phrases, including but not limited to “I don’t see a need for you to go to the hospital” fall under this guidance.
- **TREATING PHYSICIAN ON SCENE** – Medical Control should be contacted whenever a treating physician on scene disagrees with EMS care. This situation is most likely to arise when EMS is summoned to a physician’s office, an urgent care facility, or a specialty treatment center. *For further guidance, please see Physician on Scene policy.*
- **EQUIDISTANCE OF TRAUMA CENTER DEFINITION** – **CONSCIOUS PATIENTS:** Advocate BroMenn Medical Center and OSF St. Joseph Medical Center are considered equidistant trauma centers from all points within the system. Therefore trauma patients may be transported to the facility of their choosing (assuming no medical control override). **UNCONSCIOUS PATIENTS:** If patients are unconscious or otherwise not able to make a destination determination, they shall be transported to the geographically closest facility.
- **CONTROLLED SUBSTANCE ACCOUNTABILITY** - All controlled substance transactions (restocking, wasting, opening of seals, etc.) must be documented on a system approved controlled substance log. These transactions must be accompanied by the signature of the primary provider AND the signature of another individual obtained at the time of the transaction.
- **BACKBOARD/STRAP REPLACEMENT** – Please do not take backboards or straps from the hospitals that do not belong to your agency. Agencies are encouraged to mark their immobilization equipment.
- **USE OF CERVICAL COLLARS** – Cervical collars should be used on all patients in which spinal immobilization is warranted. Commercial cervical devices are the system standard for achieving cervical immobilization. In very rare circumstances, a commercial cervical device may not appropriately fit the patient or situation. In this circumstance, EMS providers must still immobilize the cervical spine through other means and must inform the receiving facility on the method utilized and why a cervical collar could not be placed. This should also be explicitly documented in the PCR.
- **DOCUMENTATION OF IMMOBILIZATION BY INTERCEPTING UNIT** – As part of the initial assessment of patients, intercepting providers should evaluate for the need of patient immobilization and the presence/lack of said immobilization. If immobilization is warranted and it has not been applied to the patient, the higher level provider should try to apply immobilization. Intercepting providers should document on their PCR the presence or lack of immobilization as appropriate.
- **BYSTANDER CPR** – As relevant, providers should document whether bystander CPR was provided to cardiac arrest patients.
- **UPDATED ROSTERS** – Agencies should update the EMS office anytime personnel are added or deleted to the agency roster.
- **AUTHORIZATION TO PROVIDE CARE** – Individuals may not function within the EMS system until a direct communication from the EMS office has been received by the agency stating the provider is authorized to function. Successfully completing a written and/or practical exam IS NOT authorization to practice within the system.
- **CODE RED ISSUES** – Please notify the EMS office via email if you are having Code Red issues. Providers should still be utilizing Code Red customer service to seek help on software issues.