Welcome, everyone!

This is the Kansas City, Missouri Emergency Medical Services Base Station Physician Course
Course Goals and Objectives

- Familiarize course participant with the history and organization of the Kansas City, Missouri EMS system
- Describe the current structure and functions of the KCMO EMS system
- Define the roles and responsibilities of base station physicians
STOP!

If you have not had the opportunity to read through and review the latest versions of the Kansas City Missouri EMS Protocols, please stop and do so BEFORE proceeding with this course.

The latest version is available at:
http://kcmo.org/CKCMO/Depts/CityManagersOffice/EmergencyMedicalServices/Protocols/index.htm
The History of Emergency Medical Services
Emergency Medical Services has its roots in the resuscitation measures and transport schemes that man has used over time to treat the ill and injured…
• From earliest times, man has used a variety of methods to try to bring the apparent dead back to life
Ancient Europe Tried Pain

- Placed burning animal feces on chests of victims
- Whipping
- No randomization or IRB approval
Colonial America Liked Smoke

- Attempted resuscitation by blowing smoke up the rectums of victims
  - The origin of the phrase?
- Brief trial in Europe followed
- Success rates not well documented in medical literature
Historical Developments of EMS in America

• 1960’s – Dr. Eugene Nagel Studies Artificial Respiration
• 1966 – “White Paper” Declares injury as “Most Neglected Disease”
• 1969 - Los Angeles Paramedic “Experiment”
• 1971 – NBC introduces Johnny and Roy to America

• 1973 – EMS Systems Development Act
• 1978 – 1st National Paramedic Exam Administered
• 1979 – MAST created by City Ordinance
• 1982 – Dan issued License # 298
• 1990 – Trauma Services Development Act
“Johnny and Roy”

From NBC television show “Emergency” aired in the early 1970’s
Historical Developments of EMS in Kansas City

• During the 1970’s
  – NO 911
  – 4 Private Ambulance Companies
  – No Centralized Dispatch
  – No Physician / Medical Oversight
  – No Universal Standards for Anything!
1979 MAST Created by City Ordinance

- Metropolitan Ambulance Services Trust
  - Public / Private Partnership
  - Not-For-Profit Public Trust
  - Performance-Based
  - External Medical Oversight
    - Emergency Physicians Advisory Board
  - All Advanced Life Support System for 911
  - Based on newly described EMS design by Jack Stout – “Public Utility Model” (PUM)
1987 Medical Director Position

- Full Time EMS Medical Director position under the Department of Health for KCMO.
  - Became Day-to-Day Medical Direction
  - Reported to Director of Health and EPAB
- Previously, the Chairman of EPAB served as the Medical Director on a voluntary basis
Major Revisions to EMS Ordinance

• 2001
  – Expanded the KCMO EMS system to officially include Kansas City Fire Department as “First Responders” and EMT-B
  – Officially delineated role of Medical Director
  – EPAB advises Medical Director
Major Revisions to EMS Ordinance

• 2007
  – Removed bids for contractor by MAST and recognized MAST as owner/operator
  – Created office of EMS Medical Director under city manager removing role of Director of Health
  – Created Emergency Medical Services Coordinating Committee (EMSCC)
    • Chaired by City Manager or appointee
    • KCFD, MAST and Labor representation
    • EMS Medical Director
Major Revisions to EMS Ordinance

- 2010
  - MAST removed from ordinance and dissolved
  - KCFD becomes sole EMS provider
  - EMSCC membership modified to include KCFD management and labor, City Manager appointee, Medical Director and City Council member representative
  - EPAB appointment by Medical Director, not mayor
KCMO EMS

SYSTEM DESIGN
EMS Personnel In KCMO EMS

• Emergency (First) Responder
  – KCMO Fire Department – few remaining
  – Basic CPR with AED use and First aid training
• Emergency Medical Technician-Basic
  – KCFD
• EMT-Paramedic
  – KCFD
• Call Taker/Dispatcher
  – KCFD Communication Center
FAQ…What’s the Difference between an EMT and a Paramedic?

• EMT-B (Emergency Medical Technician-Basic) “EMT”
  – Trained in Basic Life Support emergency medical procedures, etc., (generally 1 college semester)

• EMT-P (Emergency Medical Technician-Paramedic) “Paramedic”
  – Trained in Advanced Life Support Emergency Medical Procedures, etc., (EMT-B + 1-3 additional years of training, minimum of 1200 hours – 400 didactic, 400 clinicals, 400 internship in field)
FAQ – Who answers calls?

• Call Taker/Dispatcher
  – Additional training in:
    • Medical Priority Dispatch (MPDS) – A computer based set of questions that systematically guides caller through preset lines of questioning to best determine nature of call and how best to respond. Very quickly identifies immediately life threatening conditions.
    • CAD Training– Use of specialized Computer Aided Dispatch that reflects a complex design integrating historical data and fluid design to most appropriately place available ambulances to minimize response time to the next predicted call.
FAQ…How Fast Will They Get Here?
EMS Response Time Standards

• An ambulance or an advanced life support unit, as defined by regulation, shall have a response time standard for life threatening emergencies of nine minutes or less for 90 percent of those incidents on a City-wide basis and of nine minutes or less for 85 percent of those incidents in each ambulance response district, measured for a three-month running calendar period.

• A basic or advanced life support unit, as defined by regulation, shall have a response time standard for life threatening emergencies of six minutes or less for 85 percent of those incidents on a City-wide basis.
So, What happens when someone dials “911”?
Somewhere, someone dials 911…

- A 911 operator in the KCMO Police Department answers the call
- Asks very simply and quickly, “is this a fire, police or medical emergency?”
- If you say “fire” or “medical”, the call is immediately transferred to a call taker in the KCFD communication center (happens in milliseconds)
• Call taker begins using Medical Priority Dispatch system and obtains address confirmation, call back number and nature of call with all answers entered into CAD computer, then begins MPDS questioning

• Once the MPDS determinant is identified, a second dispatcher dispatches the appropriate response, BLS KCFD fire apparatus and ALS ambulance as indicated by CAD
• The first call taker will stay on the phone with the calling party, continuing to get more information about the patient and providing Pre-Arrival instructions as needed, including Compression-Only CPR instructions, sometimes until the arrival of the first responding unit

• The update information are details are communicated to EMS crews
FAQ... Why is a fire truck sometimes sent with an ambulance?

- If the call taker using MPDS determines the call to be immediately life-threatening, the closest available vehicle with oxygen, an AED and a licensed EMT is immediately dispatched.
- Due to their numbers, a fire truck may be closer than an ambulance, and therefore may be the first unit on-scene.
FAQ…Why don’t they quit asking me the questions and send the ambulance?

- EMS units are on the way within seconds of MPDS identifying a life threatening problem!
- Additional information which could be life-saving for the patient is being gathered or relayed, like CPR, assisting childbirth, etc.
- The call taker does not have to have answers to all the questions before the appropriate EMS units are on the way!
Let’s follow a call…
• 1300 – 45 year old man at work begins experiencing chest pain while at his desk
• 1330 – Calls a co-worker over because he is feeling worse
• 1331 – Co-worker notes man to “pass out” and slump to floor
• 1332 – Co-worker immediately calls 911
• 1332 – 911 Operator asks “police, fire or ambulance” and patches call through to KCFD Communication Center
• 1332 – KCFD Call Taker answers the phone, questions caller and determines patient has likely cardiac arrest using MPDS
• 1333 – Information “automatically” (via CAD computers) shipped to KCFD dispatcher who alerts closest KCFD BLS and ambulance crews
• 1333 – KCFD BLS crews in fire apparatus equipped with AEDs and ambulances respond
• 1334 – KCFD call taker determines calling party does not know CPR and gives “Pre-Arrival Instructions” on how to administer chest compressions!
• Bystander begins resuscitation before EMS arrives
• 1334 – KCFD apparatus goes in route
• 1334 – KCFD ambulance goes in route
• 1335 – Dispatcher still on phone with calling party giving CPR instructions
• 1337 – KCFD BLS unit arrives on scene
• 1338 – KCFD BLS makes patient contact and notices CPR in progress by co-worker
• 1338 – KCFD assess that patient is in cardiac arrest and:
  – Takes over chest compressions
  – Administers 100% oxygen via NRB mask
  – Attaches AED

• 1339 – After 200 compressions, AED determines a “shockable” rhythm and KCFD crew administers a shock
• 1339 – KCFD ambulance arrives on scene
• 1340 – KCFD paramedic assesses that patient now has a pulse and is beginning to breath
• 1340 – KCFD EMTs assists ventilation with BVM and paramedic starts an IV line and administers lidocaine (to prevent the patient from going back into cardiac arrest)
1355 – Patient has awakened and complains of continued chest pain

1400 – Transported “hot” to closest appropriate hospital with KCFD paramedic and 2 EMT firefighters in attendance in the ambulance

1405 – Arrives at Emergency Department

1425 – Arrives in Cardiac Cath lab for acute cardiac intervention after ED determines that myocardial ischemia is ongoing
Who is the most important person involved in assuring a good outcome in this scenario?

- Patient
- Co-worker
- 911 call taker
- KCFD call taker
- KCFD dispatcher
- ED nurses and doctor
- EMS Medical Director
- KCFD captain
- KCFD fire crew EMTs
- KCFD paramedic
- KCFD ambulance EMT
- Cardiologist
- Fire Chief
Who is the most important person involved in assuring a good outcome in this scenario?

• What about other people?
  - Telephone company workers (enhanced 911)
  - Administrators at 911 centers
  - IT Personnel maintaining Fire CAD and MPDS
  - Others
Bottom Line

• It’s a system
• We are all integral to the success
• Everybody has to do their job
• The public relies on all of us
• We have to work together
• Outcomes are dependent upon success of the entire system
• CHAIN OF SURVIVAL!
KCMO EMS

EMS SYSTEM COMPONENTS
Relationships to City Government

- The people elect the Council and Mayor
- The Council hires the City Manager
- The Council determines the “model” for EMS via Ordinance
- The Manager hires the Fire Chief and selects the Medical Director
- The Medical Director appoints EPAB
- EPAB advises the Medical Director
- EMSCC oversees Medical Director and System
KCMO EMS System:

City Council
- Establishes the system by ordinance
- Authorizes regulation and enforcement
- Annually sets KCFD budget
KCMO EMS System:

City Manager
- Appoints EMS Medical Director
- Approves budget of the Office of the EMS Medical Director
- Chairs or designates chair of the EMSCC
- Issue permits for ambulances and helicopters
KCMO EMS System:

• KCMO Police Department
  – Operates 911 Call Center – PSAP
• KCMO Fire Department
  – Basic Life Support Emergency Response and Rescue
  – Advanced Life Support Emergency Response and Transport
• Emergency Medical Services Coordinating Committee
• Office of the EMS Medical Director
  – Medical Director
• Emergency Physicians Advisory Board
Map of Kansas City, Missouri outlined in red
KCFD EMS

• Provides 911 Service to Kansas City
• Primary Service Area 314 Square Miles
• 459,787* Primary Service Area nighttime population (*2010 Census Data)
• Provide Non-Emergency transport services throughout the Kansas City Metro
• Responded to over 82,000 calls in 2011
• Transported over 65,000 patients in 2011
Emergency Medical Services Coordinating Committee
2012

• City Manager
  – Troy Schulte - Chair
• KCFD Chief
  – Richard “Smokey” Dyer
• City Councilman
  – John Sharp
• EMS Medical Director
  – Joe Salomone, M.D.
• IAFF Local 42 KCFD Representative
  – Michael Cambiano Local 42 President
• IAFF Local 42 Medic Representative
  – Kelly Auch
• IAFF Local 3808 KCFD Representative
  – Norman Larkey Local 3808 President
Emergency Medical Services Coordinating Committee

Role

- Approves various standards and rules and regulations recommended by the EMS medical director
- Reviews the budget for the Office of the EMS Medical Director and makes recommendations to the City Manager
- Recommends to the city manager the appointment of the EMS medical director
- Provides oversight of the EMS system
- Establishes response time districts
- Establishes hearing and appeals process
- Promulgates regulations for ambulance and helicopter permits
EMS Medical Director

• Responsible for day to day supervision of the EMS system and:
  – Promulgates Standards, Rules and Regulations
  – Develops medical and dispatch policies and protocols
  – Develops equipment standards
  – Develops personnel credentialing and privilege requirements
  – Develops base station standards and privilege requirements
  – Extends clinical privileges to EMS providers
  – Approves in-service training programs
  – Conducts medical case reviews
  – Training and supervision of base station physicians
  – Participates as part of the city’s disaster planning processes
  – Provides reports to the city manager
  – Provide independent Medical Oversight
Emergency Physicians Advisory Board

• Minimum of four member physician board from hospitals primarily served by KCFD EMS appointed by the EMS Medical Director

• Role
  – Reviews proposed medical and dispatch protocols
  – Reviews equipment
  – Recommend criteria for clinical privileges
  – Recommends standards related to clinical performance and patient care
  – Recommends medical and communication protocols
  – Recommend base station physician requirements
  – Recommends elements of disaster plan design
  – Evaluates EMS system clinical performance
  – Provide reports to the medical director
911 Call Center
KCPD

- Public Safety Answering Point (Primary PSAP)
- Staffing approx.
  - 6 call takers
  - 8 dispatchers
911 Call Center
KCPD

August (2001) Numbers

• 53,000 Emergency Calls (71 per hour)
  – Police – 31,000
  – Fire – 1,200
  – Ambulance – 2,700
  – “Hang-ups” – 4,400
  – “Misdials” (913 vs. 911 most common) - 14,000

• 23,000 Non-emergency Calls
The fire department shall serve as the primary response and transport ambulance service for all emergency medical services and ground ambulance transport within the city as set forth in regulations as approved by the city manager. No other ambulance service shall operate within the city except for exemptions as set forth in regulations approved by the city manager. It shall be the duty of the fire department to oversee, manage and operate the ambulance/transport component and special events coverage of the pre-hospital emergency medical services system to provide quality advanced life support single tier ambulance service to all inhabitants of the city.
KCFD

- Director / Fire Chief
  - Richard “Smokey” Dyer

- Deputy Chiefs – Emergency Operations
  - Jeff Grote  A Shift Commander
  - Mitch Mauer  B Shift Commander
  - Paul Berardi  C Shift Commander

- Deputy Chief, Emergency Medical Bureau
  - Mark Mauer
KCFD

- Deputy Chief, Community Services Bureau
  - Frank Tittone
- Deputy Chief, Professional Development Bureau
  - John Neeley
- Deputy Chief, Special Operations Bureau
  - Donna Maize
- Deputy Chief, Technical Services Bureau
  - Sal Monteleone
KCFD

- 35 Fire Stations
- 54 Fire Companies
- 900+ Fire Fighters
  - City Privileged EMT-B Fire Fighters
- 55 total ambulances
  - City Privileged EMT-B and EMT-P
- Fire apparatus
  - 34 Pumper Companies, 12 Truck Companies, 3 Rescue Companies, 1 ARFF (Aircraft Rescue) Company, 1 Hazmat Company
KCFD EMS
Operational Overview

- >90,000 calls/yr
- >65,000 transports/yr
- Advanced Life Support (ALS) Ambulances
- One paramedic and one EMT per ambulance
- MPDS Trained staff dispatched center
- All suppression personnel EMT-B
- Response Time standards – mandated by Ordinance
KCFD Emergency Medical Bureau

- Operates billings and collections
- Oversees daily operations
- Purchases capital equipment: ambulances, radios, defibrillators, etc.
- Furnishes and maintains dispatch and ambulance facility
CAAS Accreditation

- Accredited in 2007 by the Commission on Accreditation of Ambulance Services
- Only accredited agency in Missouri
- One of 6 EMS Agencies in USA that is Dual Accredited by CAAS & NAED

World Class Emergency Medical Services
World Class Emergency Medical Services

NAED Accreditation

• Accredited in 2007 by National Academy of Emergency Dispatch as a Center of Excellence (ACE)
• Only ACE in Missouri or Kansas
Missouri EMS System of the Year

• Named Missouri EMS System of the Year - 2006
Office of the EMS Medical Director

• Medical Director
  – Minimum 0.8 FTE Medical Director by ordinance and contract
  – Allows for continued clinical practice
• Associate EMS Medical Director
• Assistants to the Medical Director
  • Must be Paramedic or equivalent experience
• Administrative Assistant
Office of the EMS Medical Director

• Medical Director
  – Joseph A. Salomone, M.D., FAAEM

• Associate EMS Medical Director
  – Ryan Jacobsen, M.D., EMT-P

• Assistant to the Medical Director
  – Daniel J Lindholm, NREMT-P, MICT

• Executive Assistant
  – Mendy Hull
Types of Emergency Calls

- **Code 1 (Life Threatening Emergencies)**
  - Ambulance and Fire Apparatus dispatched RLS
- **Code 2 (Non-Life Threatening Emergencies)**
  - Ambulance dispatched RLS (Red Lights and Siren), Fire dispatched RLS on some
  - Some (Staging Calls) all dispatched non-RLS
- **Code 3 (Immediate Dispatch, Non-RLS Response)**
  - Ambulance dispatched non-RLS
- Medical Director with guidance from EPAB determines call types
KCFD EMS Communications Center

– 4 major functions
  • Call taking and prioritization using EMD protocol
  • Pre-Arrival instructions when indicated
    – CPR
    – Heimlich Maneuver
    – Childbirth
  • Dispatching
    • Management of the “System Status Plan”
  – Dispatchers
    • All Trained in EMD
Emergency Medical Dispatch Protocol

• Template developed by Medical Priority Consultants
• Is a system protocol per Medical Director
• Allows prioritization of call by likely medical severity, need for quick response and type of resources needed
• System response is determined locally
Emergency Medical Dispatch Protocol
KCMO EMS

MEDICAL OVERSIGHT
EMS Medical Direction

Prospective – Activities taken prior to care being delivered
Concurrent – Activities taken simultaneous to care being delivered
Retrospective – Activities taken after care has been delivered
Prospective Medical Direction

• Medical Director
  – Rules and Regulations
  – Clinical Upgrade and Protocol Committee
  – Credentialing and Privileges
  – Testing
  – Medical and Dispatch Protocols
  – Equipment
  – Continuing Education Program
  – Standards – Response Times

• KCFD
  – Standard Operating Procedures
  – Hiring and Orientation Processes
  – Field Training processes
  – QI department
    • Dispatch Review committee
    • CQI committee
  – Dispatcher Training Processes
  – Medical Equipment and Protocol Committee
Concurrent Medical Direction

- Medical Director
  - Online Medical Control
  - On scene direction
  - Disaster Response

- MAST
  - Field and Communication supervisors

- Other
  - ED MDs and RNs
  - Patients
  - Other customers
Retrospective Medical Direction

- Medical Directors Office
  - Cardiac Arrest Chart reviews and statistics
  - Intubation Chart reviews and statistics
  - Response time monitoring
  - DOA reviews
  - TOR reviews
  - Refusal reviews
  - ACS reviews
  - Medical Case reviews

- KCFD
  - Controlled Substance Tracking
  - Compliance reviews
  - Case reviews
  - QI programs
  - EMD compliance
  - AED reviews
  - Chart reviews
Develop Medical Protocols

- New or modified protocol written by EPAB, Medical Director, or KCFD personnel
- Reviewed by EPAB
- Medical Equipment and Protocol Committee
- KCFD Joint Labor-Management Medical Professional & Equipment Committee
- Presented to EMSCC by Medical Director
- Signed by City Manager and Published
- Training on protocol
- Protocol put into practice by providers
Credentialing and Privileges

- Process in Rules and Regulations set by EMSCC
- Credentialing done by KCFD
- Testing done by Medical Director to assess knowledge of local standards of care – protocols
- Privileges issued by Medical Director to perform under the scope of practice
Privileges

If any requirement lapses, KCMO city privileges automatically suspended until lapsed item renewed

Organizational and individual responsibility
Evaluates System’s Clinical Performance

Kansas City, Missouri EMS Cardiac Arrest Outcomes February 2010
Bystander Witnessed - VFIB

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<td>(9/08-8/09)</td>
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- published Garza et al, Circ 2009

Baseline vs 50:2: p=0.0023808 Odds Ratio 2.71 (95% CI:1.41-5.21)
Baseline vs CCC: p=0.04811399 Odds Ratio 2.01 (95% CI:1.00-4.06)
50:2 vs CCC: p=0.4562818 Odds Ratio 0.74 (95% CI:0.34-1.62)
KCMO EMS

BASE STATION PHYSICIANS
Base Station Physicians

• Serve as part of Concurrent Medical Control for KCMO EMS
• Provides 27/7 on-line medical direction
• Base Physicians serve as vital link between medical director and field
• Responsible for working knowledge of all EMS Protocols and Policies
• Answer questions and guide field care
Base Station Physicians

- Must complete Base Station course once
- Must successfully complete initial exam
- Must successfully complete recertification exam every two years
- Base Station Certification is valid for two years
Base Station Physicians

• Must be immediately available by radio and phone in central medical control hospitals
  – TMC-HH and CMH
  – Answer calls within 30 seconds
Base Station Physicians

• On line medical direction is to assist the field providers in situations where the protocol requires contact for additional orders

• On line medical direction is to assist field providers when circumstances are outside the normal protocols guidelines
Base Station Physicians

• Remember, Paramedics and EMTs look to medical control for help, guidance and assistance in difficult situations when they are involved in patient care under stressful and potentially dangerous field conditions:
  – Be courteous
  – Be respectful
  – Above all, be helpful
  – Know the protocols, or refer to a copy
KCMO EMS

SAMPLE CALLS
Unit 560 calling medical control...
Unit 560 calling medical control

• We are on scene with a 24 yo male, fell down three stairs landing on left leg. His only injury is a significantly deformed left ankle. No loss of consciousness, denies other injuries or pain. Did not strike head. We administered 50 micrograms of fentanyl IN and then established an IV and had administered another 50 micrograms IV. Can we give additional fentanyl?
Unit 560 calling medical control

- So what do you do as base station physician?
- What Procedure is the medic following?
Unit 560 calling medical control

• Analgesic Medication Administration Procedure
• Medics must call for orders to administer additional fentanyl after a total of 100 micrograms are administered.
Medic 9 calling medical control…
Medic 9 calling medical control

• We are transporting a 63yo female with chest pain. We have administered Oxygen, ASA and Nitro per protocol. She is requesting to be transported to hospital Z, but they are showing Trauma Only status in the EMSSystem. She is refusing to be transported to any other facility. What should we do? She is reporting her chest pain is almost gone at this time.
Medic 9 calling medical control

- So what do you do as base station physician?
- What Policy is the medic asking about?
Medic 9 calling medical control

- Ambulance Diversion Guidelines Policy
- Instruct the medic to transport the patient to the hospital requested.
- It is helpful to the field crew if medical control contacts the receiving facility to advise them a patient is going to be transported to them per patient choice even though they are closed.
Unit 505 calling medical control...
Unit 505 calling medical control

• We are on the scene of a single car MVC. A small compact car struck a tree on the driver’s front quarter panel at high rate of speed. The passenger, partially ejected, is pulseless, non-breathing with obvious massive head trauma. The driver is entrapped, also pulseless and non-breathing. Estimated prolonged extrication due to driver position.
Unit 505 calling medical control

• A large crowd has gathered. We are requesting permission to follow the DOA protocol and not work either patient.
Unit 505 calling medical control

- What do you advise?
- What policy is involved?
- What if CPR was begun on the passenger?
- What if they cannot access the driver to do any resuscitation until extricated?
Unit 505 calling medical control

- DOA Policy is applicable here.
- Both patients should be pronounced DOA.
- If CPR had been initiated, the medic can confirm pulseless and non-breathing, and stop resuscitative efforts.
Unit 505 calling medical control

• If a patient cannot be accessed to begin any resuscitative efforts, with medical control contact, it is appropriate to pronounce the patient DOA.
Medic 10 calling medical control...
Medic 10 calling medical control

- We are on the scene of about a 50 year old male, found by police lying on the sidewalk. Patient is awake and answers questions, and is refusing care. Police want us to take him to the hospital. Since he is refusing transport, we are asking for advice...
Medic 10 calling medical control

• What protocol is involved here?
• What should you advise the paramedic to do?
Medic 10 calling medical control

• The Refusal of Service Policy should guide management and disposition

• Patients who does not have capacity and is not competent to understand consequences of decisions cannot refuse

• The paramedic has not relayed information about the patient’s mental status and competence
Medic 10 calling medical control

• The Base Station Physician should ask the paramedic to clarify the patient’s current mental status as per the Refusal of Service Policy and to assess if the patient is competent to refuse.

• If the patient is unable to answer the questions appropriately, the patient cannot refuse.
Medic 10 calling medical control

• Even if the patient is deemed competent, if the patient is in such a condition that a reasonable person would consider them unable to care for themselves, then the patient should be transported.

• Involve medical control and enlist the aid of law enforcement if necessary
Summary

- KCMO EMS System comprised of many integrated parts
- KCFD Primary response and transport agency
- EMS medical director oversees medical care
- City ordinance is the foundation
That concludes the KCMO EMS Base Station Physician Course.

Please proceed to testing.

Good Luck!