

SECTION: G-6

PROTOCOL TITLE: Pre-hospital Integration of Care Protocol

REVISED: May 14, 2010

General: Responding to a patient's 911 call for help typically generates a response from multiple agencies. This protocol is intended to provide a BASELINE understanding of the interactions that shall take place between transport and non-transport agencies. It is the intent and understanding that all agencies involved in the care of a patient strive to work as a team to maximize quality patient care, seamless interactions, and maximum efficiency. It is also understood that developing those relationships before and after an incident will help achieve the intent of this protocol. It is the responsibility of all responders to recognize the importance of cooperation and understanding in order to provide the patient with the best medical care and treatment possible. It is highly encouraged that responding personnel from transport and non-transport agencies go beyond this protocol, through non-incident interactions and communications, to develop a higher rapport and understanding of each other's expectations, thoughts, and ideas on how to better the patient care experience.

It is the responsibility of all EMS responders to insure the proper and timely utilization of resources to meet the goals of scene safety, quality patient care, and rapid movement to medical facilities. The role of the first arriving EMS personnel on scene will be to provide any and all necessary care within their scope of practice to the patient. The goal of the EMS system is to provide effective and contiguous patient care on scene and expedite, when appropriate, patient transport to definitive care.

Definition: "Integration of Care" is defined as multiple agency responders working together as a unified team during the treatment and/or transport phase of a patient encounter.

Process:

1. Patient care requires an integration of care with other EMS providers to accomplish the goals and mission of providing quality patient care. The following guidelines will be observed when multiple agencies are on scene.
 - A. The EMS responder with the highest licensure level is ultimately responsible for the care of the patient.
 - B. A licensed Basic or Advanced EMT will transfer care to a licensed Paramedic upon their arrival. This transfer of care should include a face-to-face report to the Paramedic describing what they have learned to that point and any interventions done. Once this report is completed, the paramedic will assume patient care and the other on-scene providers will integrate into the patient care process and assist in any way possible using a teamwork approach.

C. Multiple Paramedic providers exist within Ada County staffed on transport and non-transport apparatus. When this occurs, a primary Paramedic needs to be identified. With this, it is also understood that input on patient care should be the responsibility of all providers. To determine the primary paramedic, the following will be observed:

1. The first ALS Paramedic arriving on scene **and** has begun a detailed assessment, established a patient rapport, and/or has begun treatment shall assume the primary Paramedic role. The identification of the primary Paramedic role may change if or when mutually agreed upon (for example, a non-transport Paramedic not intending to accompany patient during transport.).

In the event of simultaneous or near simultaneous arrival of the ALS transport and the ALS non-transport agencies, the transport Paramedic shall assume the primary Paramedic role. All providers shall assist in any way possible using a teamwork approach.

2. Upon the arrival of another ALS agency, the primary Paramedic will give a verbal report to the incoming Paramedic as soon as feasible. (See Appendix “Z”; “Integration of Care Reporting Guidelines” template, section III). The incoming Paramedic will then integrate into the patient care process and assist in any way possible using a teamwork approach.
3. **All** responders shall strive to work in a team-like fashion to allow for maximum utilization of knowledge and resources.

D. **Integration of Care during the transport of a patient:**

If the transporting Paramedic sees a need for additional EMS resources during transport, the transport Paramedic can REQUEST assistance from the non-transport EMS providers (BLS or ALS). This may occur when a patient’s condition may require multiple procedures or other situation when the transport Paramedic sees a need for the continued involvement of the non-transport Paramedic or EMTs.

Likewise, the non-transport Paramedic may also REQUEST to maintain an Integration of Care during transport if he/she believes their further involvement would benefit the patient, or the non-transport Paramedic would like to continue involvement in patient care for the development or maintenance of their clinical skills. While the non-transport medic may remain “primary” during transport if mutually agreed upon, the transport paramedic shall remain engaged.

All requests shall be determined by the party that is asked to assist. The approval or denial of a request should consider the positive or negative impact on patient care, current system deployment status, and any other pertinent factors. Denial of a request will be documented along with the chart(s) and forwarded to the respective Administrations and Medical Directors for review as appropriate. This will be documented on the appropriate form.

Teamwork is a vital component to the successful treatment of a seriously ill or injured patient. This concept shall be maintained throughout the call.

E. **Conflict Resolution:** In the event two on-scene paramedics disagree on treatment options and are unable to resolve the differences, the following guidance is provided:

1. *Life threatening decision with discretionary time:* Medical Control **will** be contacted and the issue resolved. **ANY** decision made by Medical Control **will** be honored.
2. *Life threatening with no discretionary time:* If the time delay to contact medical control is likely to increase the morbidity or mortality of the patient, the “primary paramedic” as described above will make the decision and maintain the lead on scene and during transport, assume medical liability, and be responsible for patient care decisions.
3. *Non life threatening with discretionary time:* If a non life threatening disagreement regarding patient care exists on scene, the primary paramedic at the time shall make the final decision and, if applicable, will maintain the lead on scene and during transport if requested by the transport paramedic, assume medical liability, and be responsible for patient care decisions throughout transport to the hospital. Medical control is also an option.

After delivery of the patient to the hospital, the responders involved will attempt to resolve the disagreement using the conflict resolution process approved by all EMS agencies. At any time a non-transport paramedic assumes the lead during transport due to a disagreement with the transport medic, or a disagreement occurs on scene and was not resolved, the issue shall be forwarded to the respective Administrations and Medical Directorate for review. The two parties involved will meet with the Medical Directorate at the earliest convenience, who will provide guidance on the issue after hearing from all parties involved.

Pre-hospital Integration of Care Protocol

1. Every paramedic in the EMS system has an obligation to provide quality patient care. Each paramedic has a duty to act and bring any concerns to the attention of the primary paramedic. Nothing in this protocol shall indicate poor patient care is acceptable in an attempt to minimize conflict between paramedics.
2. Accurate documentation of the patient encounter is considered integral to these protocols and will be provided to the transporting crew as time permits or be sent to the hospital in a timely fashion. Documentation should include a description of the chief complaint, history of the present illness and of pertinent past problems, vital signs, mental status, and pre-hospital assessment and care. All Advanced Life Support care provided by the non-transport Paramedic will be documented on the form prior to transport as time permits. This document will accompany the patient to the hospital and will be included in both the transport and non-transport agency's patient care reporting system.
3. "The Primary Paramedic for all calls will complete a patient care report in the ESO ePCR system for all transports and must be a paramedic in good standing within their respective department. Any non-ACP paramedic must successfully complete ESO training prior to acting as the Primary during the transport phase of a medical call".
4. If information was not exchanged on scene that may be necessary for the continued care of the patient or patient documentation purposes, providers who were on the scene may exchange pertinent information necessary to fulfill their duties. Information may also be exchanged between the crews caring for the patients, their administrators, or their medical directors for quality assurance purposes and on-going performance improvement.
5. Orders communicated directly from the on-line medical control physician from the patient's destination hospital or an acceptable alternate physician may supersede established protocol if such orders fall within the responder scope of practice.