Protocol
G-06

**SECTION: G-06**

**PROTOCOL TITLE: Pre-hospital Integration of Care**

**REVISED: December 01, 2022**

PRE-HOSPITAL INTEGRATION OF CARE

**Purpose:** This protocol is intended to provide a baseline understanding of the interactions that shall take place between ACCESS EMS response agencies. It is the intent and understanding that all agencies involved in the care of a patient strive to work as a team to provide quality patient care, seamless personal interactions, and maximize on-scene efficiency.

It is the responsibility of all ACCESS EMS & Fire responders to:

- insure proper and timely utilization of resources
- meet the goals of scene safety, quality patient care, and rapid movement to medical facilities
- provide all patients with a proper assessment, appropriate treatment and rapid transport experience
- provide any and all necessary care within their scope of practice
- work as part of a high-performance team to provide efficient and seamless patient care

**Process:**

- Patient care in Ada County requires integration with other medical providers to accomplish the ACCESS goals and mission of providing quality patient care and rapid transport to on-going medical care. The following guidelines will be observed when multiple agencies are on scene.

- The on-scene responder with the highest EMS licensure level is ultimately responsible for supervising and facilitating the care of the patient. Initial arriving personnel shall assume the initial patient care role and provide all necessary care within their scope of practice. Secondary arriving personnel should receive a briefing on patient status and care provided upon arrival (as time permits).

- Provider In-charge of Patient Care can be any ACCESS Provider. Initial provider may transfer care to a higher-level provider at any time or may retain patient care on-scene (if patient care, assessment and needs fall within their scope of practice). Providers with higher EMS licensure may supervise another providers' care as long as both parties are in agreement.

- Transfer of care should be face-to-face describing what they have learned to that point and any interventions done. Once this report is completed, the higher-level provider will assume patient care. All other on-scene providers will integrate into the patient care process by assisting in any way possible using a teamwork approach.

- Multiple Paramedic-level Providers exist within ACCESS staffed on transport and non-transport apparatus. Paramedics generally lead or supervise patient care based on patient need. To simplify on-scene and transport operations, a Primary Paramedic needs to be identified.

To determine the Primary Paramedic, the following will be observed:

- The first arriving Paramedic that has begun an assessment, and/or treatment shall assume the Primary Paramedic role.

- In the event of a simultaneous or near-simultaneous arrival of a Transport Paramedic and a Non-transport Paramedic, the Primary Paramedic role shall default to the Transport Paramedic. If mutually agreed upon, the Non-Transport Paramedic may assume the Primary Paramedic role. All on-scene providers shall assist using a teamwork approach.

- If the Non-Transport Paramedic will not be supervising the transport of the patient, a face-to-face transfer of care to the Transport Paramedic shall take place when feasible. (See SWO Appendix 25: Integration of care reporting guidelines, section III).

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

If the Transporting Paramedic needs additional EMS resources during transport, they may request assistance from the Non-Transport EMS Providers (BLS or ALS). This may occur when a patient's condition requires multiple procedures or in situations where the Transport Paramedic sees a need for the continued involvement of the Non-Transport EMS Personnel.

The Non-Transport Paramedic may remain Primary during transport if he/she believes their further involvement would benefit the patient, or the Non-transport Paramedic would like to continue involvement for the development and maintenance of their clinical skills. While the Non-Transport Paramedic may remain primary during transport, the Transport Paramedic shall remain engaged.

Any continued involvement of the Non-Transport Paramedic during transport (as lead or assistant) should take into consideration the positive or negative impact on patient care, current system status, and any other pertinent factors. Disagreements on continued involvement should be reported to the respective Supervisors for review (as appropriate) after the call.

Teamwork is a vital component to the successful treatment and transport of an ill or injured patient. Teamwork and professionalism are paramount in ACCESS and shall be maintained throughout the call.

**Conflict Resolution:**

If on-scene providers disagree on treatment options and are unable to resolve their differences, the following guidance is provided:

- *Life-threatening decision with discretionary time:* Medical Control shall be contacted, and any decision made by Medical Control will be honored.
- *Life-threatening decision with **NO** discretionary time:* If a delay to contact Medical Control is likely to increase the morbidity or mortality of the patient, the Primary Paramedic (see above) will make the decision but is required to maintain lead on-scene and during transport, perform the patient hand-off at the hospital and be responsible for all remaining patient care decisions.
- *Non-life-threatening decision with discretionary time:* the Primary Paramedic at the time shall make the final decision. If uncomfortable with the decision, the Transport Paramedic may require the Non-Transport Paramedic maintain the lead on-scene, be responsible for remaining patient care decisions throughout transport to the hospital and do the bedside hand-off to the Nurse or Physician. Medical control is also an option.

After completion of the call, the responders involved should meet to attempt to resolve any disagreement between crews. If needed, crews may involve Supervisors to aid in the resolution.

Any time a Non-Transport Paramedic assumes the lead during transport due to a disagreement with the Transport Paramedic, the issue shall be forwarded to their respective Supervisors (and Medical Directors, if appropriate) for review.

**Refusals**

In the event that a patient refuses care, the Provider In-Charge of Patient Care is responsible for the refusal documentation. Prior to clearing the scene, unit personnel shall

- clearly identify which provider is responsible for the refusal documentation
- confirm that **patient and/or witness signatures have been collected on that provider's tablet.**

**All providers in ACCESS are qualified and authorized to complete and document a refusal as long as the chief complaint(s) and assessments conducted fall within their scope of practice.**

See SWO *G-09: Patient Refusal and Documentation* for further refusal guidance.

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**Additional Key Points:**

- *Every* Provider in the ACCESS EMS system has an obligation to provide high-quality patient care. Each provider has a duty to act and bring any concerns to the attention of the Provider in-Charge of Patient Care. Nothing in this protocol shall indicate poor patient care is acceptable in an attempt to minimize conflict between Providers.

- All ACCESS responders' number one priority is being a patient advocate and shall strive to work together in a team-like fashion to allow for maximum utilization of knowledge and resources. All providers are empowered to contribute to the patient care process and ensure all patient needs are being met.

- Professionalism and teamwork are the goals of the unified ACCESS approach to patient care. All providers are expected to act with professionalism and respect while operating on-scene and during transport.

- Accurate documentation of patient encounters is considered integral to these protocols and will be completed in a timely fashion (prior to end of shift). Demographic information gathered and treatments performed by the non-transport crew shall be documented in EHR ESO Mobile and a mobile-to-mobile transfer will be conducted (when time permits).

- The Primary Paramedic during transport will complete the transport EHR chart in ESO. If the Primary Paramedic is the QRU Paramedic, the QRU Unit will complete their chart as an Assist, Unit and the Non-Transport Paramedic will be added to the Personnel List on the transport chart as Lead Provider for chart completion. See SWO G-10 for guidance on chart completion.