

Top 10 Safety Concerns of EMS Crews and Agencies

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the original
**TOP TEN
LIST**





#10 Safety Culture

Just Culture

- Errors are a balance between human factors and system accountability/design
- Encourages open dialog without the fear of blame

#9 Device Failures

- New and improved technology
 - Improve quality of care and patient safety
 - Reduce workload
- Device failures
 - Operator error, lack of training, improper usage
 - Stressing device
 - Power failure





#8 Medication Errors

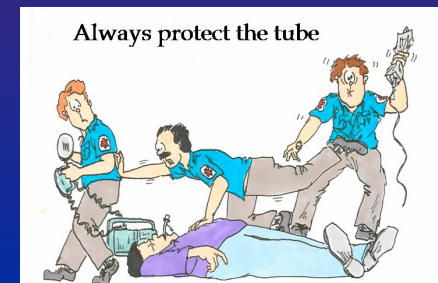
Morphine and Midazolam



- Five rights!
- Perfect setting errors!
 - Fast-paced
 - Decisions made quickly with little information
 - Dosages/protocols memorized, perform mental calculations
- Limit reliance on memory, use checklists and cognitive aids

#7 Airway Management

- Confirmation of ET placement using traditional methods alone are unreliable
- Wide range of risks and complications
- Alternatives and backups must be available
- Waveform capnography must be 100% available and its use mandatory!



#6 Transition of Care

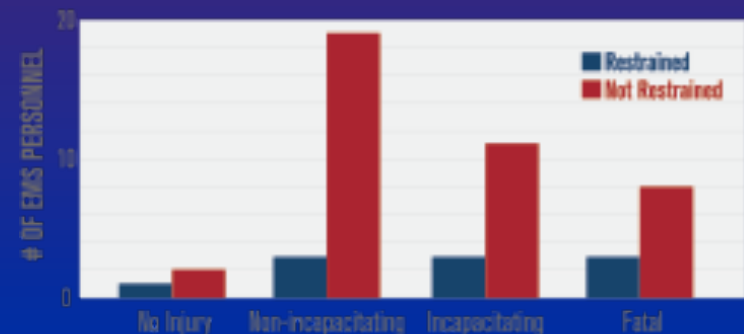
- Transition to electronic health records; tend to talk less and less, issues with interoperability
- Ways to Improve
 - Encourage direct communication with ED provider
 - Standardize the handoff (SOAP, SBAR, E-STAT)
 - Good technology
 - Increase EMS/ED feedback and understanding of scope of practice

#5 Crashes

- Ambulances are the most lethal vehicle on the road per vehicle and mile travelled
- Why occur? Lights and sirens, Excessive speed, Distraction, Fatigue
- Recommendations:
 - All occupants must use vehicle restraints when possible
 - Use all belts on the stretcher, shoulder restraints
 - Annual driver training
 - Driver feedback systems



Injury Severity and Use of Safety Restraints in EMS Providers*



#4 Pediatric Patients

- Pediatric calls are the most challenging
 - Lack of experience/training (4% of EMS runs)
 - Anatomy/physiology varies by age
 - Age specific dosing leads to multiple errors
 - High stress leads to “scoop and run” vs. “stay and treat”
- System solutions
 - Appropriately sized equipment
 - Remove memorization and calculations



#3 Behavior Health Encounters

- Struggle with limited mental health resources
- Frequently law enforcement is not available or not involved
- Situation deterioration—>provider assault
 - Lack of warning
 - Loss of situational awareness
 - Limited training (crisis intervention and deescalation)

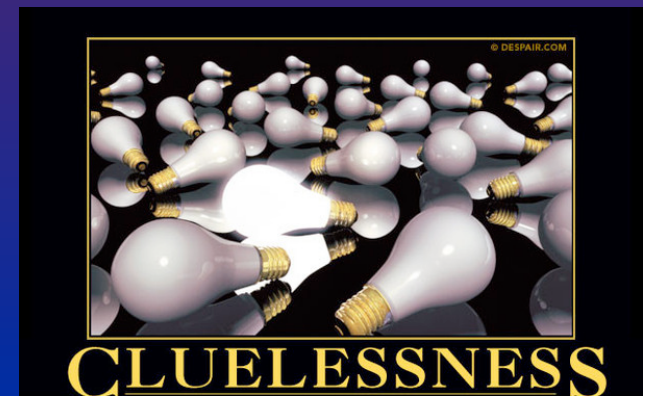
#2 Second Victim

- High risk of psychological stress from nature of work, organization
- Risk factors for becoming a “second victim”
 - Pediatric cases, Bad outcomes / Unexpected (first) deaths
Known patients
- Accumulated stress
 - Loss of resiliency
 - Decreased job performance / productivity
 - Poor customer service
 - Increased sick leave / staff turnover



#1 Mobile Integrated Healthcare

- Evolving specialty for EMS that is still in its infancy
- Focus and context of roles are very different
 - Coordinating care over a longer period
 - Chronic conditions, and complications
- Don't know what we don't know
- Stay tuned!



Can't address all at once, so pick one or two!

Cultural shift
Environment of safety
Measure improvement



For more info:

www.EMSFORWARD.org

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