



Emergency Medical Services *Partners*

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Patient Safety

In 1999 Institute of Medicine Report issued their landmark report, *Too Err is Human*. They estimated that between 44,000 and 98,000 people die in hospitals each year as a result of preventable medical errors. That's more deaths than motor-vehicle wrecks, breast cancer, and AIDS combined. They reported that serious errors occurred most often in emergency departments, operating rooms and intensive care units. The cost of these errors was estimated to be between \$17 billion and \$29 billion per year in additional care, lost income and household productivity, and disability.



The report stated: "The majority of medical errors do not result from individual recklessness." The culprit in most cases is faulty systems. This doesn't mean that people should be excused from their responsibility or not be held accountable for their errors. What it does mean is that when errors are made, we should always look at how they were made and how they could be prevented. If a person can make an error, other people can likely make the same error, so we need to look at the system and figure out how to make it harder to make that error.

The aviation industry has long been a leader in safety initiatives. Their Aviation Safety and Reporting System (ASRS) documents adverse events and near misses. Anytime someone even imagines how an accident could occur, it is analyzed and the system made safer.

Hospitals are required to report adverse events. Serious Reportable Events (SREs) developed by the National Quality Forum, include 28 events that must be reported, including death or serious disability from medication error.

When it comes to EMS – a far more uncontrolled environment, there is virtually no error reporting. EMS treats 30 million patients a year. 10 million patients receive at least 1 medical intervention defined as a medication, IV, CPR, or advanced airway. The potential for error is quite high.

In this, and coming issues, we will suggest some steps you can take to minimize errors and protect safety. We also encourage you to report EMS errors. And report any part of your system that you believe puts patients at risk. Together we can make a safer system.

The 6 R's of Medication Safety

All medics should be aware of and practice the 6 R's of medication administration to best ensure patient safety.

Right Medication

Do you read the label of a drug before you draw it up? Are there any drugs in your kit that could be mistaken for another? Did you ask the patient if they were allergic to any medicine?

Right Dose

Did you double check your math? A wrong decimal point in calculating can be fatal to a pediatric.



Right Route

High dose epinephrine can save a life when given IM, it can kill a patient when given IV if not properly diluted.

Right Time

Do you know how long it takes each of your drugs to take effect and how long they last? Very few EMS drugs should be pushed rapidly, which can cause significant side effects. Did you wait long enough to administer the second dose? Repeat dosing too quickly can lead to overdose.

Right Patient

This may not seem immediately relevant to EMS, but did you get a positive identification on your patient with dementia? Does the patient on your stretcher match the patient's paperwork you were handed?



Right Documentation

If you gave a drug, but did not document it, the patient is subject to double dosing at the ED. If you documented you gave a drug, but forgot to administer it, the patient may miss an essential medicine such as ASA during a cardiac event. A major source of medical errors is miscommunication at patient handover. This is why both a complete verbal report AND a properly documented PCR is essential to patient care.

Protocol Check

Uncertain of your protocols? Never hesitate to consult them during a call or contact medical control. Don't be afraid to tell your patient: "Protocol requires I consult my protocols."

Safety Alert-Patient Verification

All health care professionals should verify the identification of the patient they will be treating. Make no assumptions.



If a patient is alert and oriented, this can be done verbally with the patient. (For example, ask them their name, or if you know their name, verify, "Your name is David Jones, correct?") If a patient has altered mental status or is in any way unable to identify themselves, this can be done by getting a positive identification of the patient by someone present on scene familiar with the patient. (Example, "This patient's name is David Jones, correct?").

In the setting of a skilled nursing or assisted living facility, please always double-check that the patient you will treat and transport matches the paperwork you are given by the facility. This is essential in cases where the patient is unable to identify themselves.

Other EMS Errors

EMS errors are not limited to medication safety. Here are some other major errors that can affect you and your patients.

Ambulance Crashes

Arrive alive and do no harm. Limit use of lights and sirens. Make full stops at red lights. Wear your seat belt and make certain your patient is firmly strapped in on the stretcher. Secure equipment during transport.



Missing or Faulty Equipment

Most EMS responders who have been on the road any length of time have a horror story or two about the time they forgot to do their start of the shift checklist. No bulb in the laryngoscope, No stair chair where the stair chair always is. Dead batteries in the monitor. Oxygen on empty. No stretcher in the back. Don't let it happen to you or your patient. Do your checklists! You don't want to end up on CNN.

Infection Control

Have many of your patients developed an infection from the IVs you inserted last year? None of us know that answer, but failure to use proper aseptic technique can cause true harm to our patients, harm that we may not be aware of. Keep your ambulance clean, wash your hands, wear your gloves, wipe your IV sites thoroughly with alcoholic wipes or Betadine.



January CME-Pediatric Respiratory

Join us on January 6, 2011 at 9:00 A.M. for our monthly CME.. All area providers are welcome to attend.

Pediatric Respiratory Emergencies

Dr. Alise Frallicciardi

Journal Article

The association between intra-arrest therapeutic hypothermia and return of spontaneous circulation among individuals experiencing out of hospital cardiac arrest
[Resuscitation](#), 2010 Oct 29.

Case Reviews

Review of interesting prehospital cases brought to John Dempsey Hospital

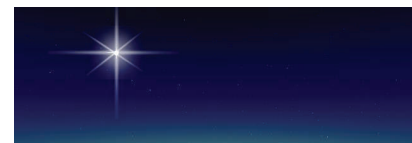
Meetings are held on the first Thursday of each month in the ground level conference room of the Administrative Resources Building (ASB) located by the helipad. 3 hours CME are given. 4 if assigned articles are read. For questions about CME or to obtain a copy of journal article, send an email to Peter Canning at canning@uchc.edu or call at (860) 679-3485. Free parking is available in the lower lot of the Medical Arts & Research Building (MARB) next to the ASB: There are two levels of parking at the MARB. Both levels have general, convenience and patient parking. Please be attentive to the posted signs.

December, 2010 Skill Sessions

Our regular December Thursday morning CME will not be held this month so we can conduct our yearly skill sessions for our sponsored paramedics. There will be two sessions on December 2, 2010: 9-11, and 11-1. We have a few limited spots available for paramedics not sponsored by John Dempsey. Please contact Peter Canning at canning@uchc.edu or call at (860) 679-3485 for more information. Free parking is available in the lower lot of the Medical Arts & Research Building (MARB) next to the ASB.

Happy Holidays

The staff at John Dempsey Hospital wishes all of our EMS partners and their families a happy holiday season. We thank you for all your dedicated and professional service and look forward to working with you in the coming year. It is good to know that you are all out there looking out for the people of our communities. They are well served. Please — all of you — stay safe.



UCONN Health Center EMS Web Site

For news, educational information, CME schedule and past copies of our newsletter *Partners*, check out our web site at:

uconnems.uchc.edu

CONTACT US:

Any questions or suggestions about EMS? Looking for patient follow-up?



Contact EMS Coordinator Peter Canning at canning@uchc.edu or call (860) 679-3485.