

# EMS Beat



News You Can  
Use From the  
Office of EMS  
Activities

NOVEMBER 2008

## Cardiac Arrest...What are we trying to accomplish?

### Does current practice need evaluation?

#### "Room 2 in 2"

"Room 2 in 2" the overhead call echoes through the halls of the ED, accompanied by the distant wailing of approaching sirens. Moments later a gurney crushes through the doors with a medic relentlessly pushing on the chest of the motionless body lying there, while another one squeezes a balloon near the head.

"65 year old with a history of diabetes and hypertension. Last seen this morning at breakfast. Found by his wife in the bathroom.... initial rhythm was V-fib, shocked once..... asystole since. 3 mg Epi, 2 mg of atropine... he's due again." The report is hastily given as the cart is wheeled into the room.

Chest compressions are halted once more, as the body is moved – again. This time no one resumes compressions as the doctor listens to the chest and feels for a pulse. Meanwhile, leads are frantically replaced, IVs confirmed, blood pressure cuffs applied and still no compressions. Finally the mantras

begin anew: "Resume compressions; 1 mg Epi; check the rhythm; continue CPR" - words spoken and interventions performed again and once more without effect. No new interventions or actions are announced, observe the medics watching quietly until the pulse is restored, the ED can do nothing more for the patient than they could have done on the living room floor.

Elsewhere in the department other patients and their families wait; their doctors and nurses pulled into Room 2. This isn't television and the patient doesn't make it. An ultrasound shows the heart is not moving, the code is called and the body is finally left in peace. Gradually the department resumes its operations as the staff returns to their duties now even more behind than they were before.

Numerous studies show that if the arrest is unwitnessed and there is prolonged down time with no bystander CPR and no shock was ever delivered less than 1/1000 will ever make it out of the hospital. A handful will make it to the intensive

care unit only to die a few hours or days later usually without ever having regained consciousness.

Realistically the patient's best chance of recovery are in the first ten or so minutes after arrest with good quality CPR that is uninterrupted by hands-off time. Movement of the patient to the gurney and the ambulance interrupts effective CPR. Furthermore not only is it difficult to perform good CPR in the back of a moving ambulance it is also dangerous. In the event of a crash the unrestrained EMT in the back is likely to suffer severe injury.

So why do we continue to do this?

Missed any editions of EMS Beat?  
Contact Jon Zalewski at 330-379-9582  
or [zalewski@summa-health.org](mailto:zalewski@summa-health.org) to  
request a copy.

## Summa Squad CE: The future is Now!

CE provided by Summa EMS physicians stresses patient assessment, decision making, practical knowledge and familiarity with the protocol in a user friendly fashion. As we can see in the article on lawsuits these are problem areas. By emphasizing these in CE we are taking a proactive approach to reducing the likelihood of problems in the future.

In the last couple of years we have moved from marathon lectures to shorter talks and more interactive case-based learning held at the squad's station. The trainings are interspersed with short quizzes that highlight some of the important concepts to be covered in the CE session. Small groups are used with simulated encounters and scenarios to reinforce the goals and objectives of the session as well as to demonstrate the practical aspects of the session.

By holding CE at the squad's station, the EMTs use equipment they are familiar with and it allows those on duty to attend as well. We can also take advantage of stairwells and other settings to make for more realistic scenarios. Keeping talks brief keeps everyone moving and prevents boredom and inattention. So far the response has been enthusiastic. If you would like more information on our CE program contact the EMS office at (330)-379-9630.

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## Lawsuits and EMS

According to a recent article emergency vehicle crashes (37%) and patient handling (36%) mishaps such as dropped patients or wheelchairs tipping over are among the most common reasons EMS agencies are sued. Clinical mishaps make up a much smaller percentage (12%) as do response and transport events (8%).

This study looked at claims over a two year period excluding employee injuries, events with property or vehicle damage only as well as crashes involving less than 10,000 dollars of damage. The insurance company reviewed is one of the largest in the US and covers more than 3,000 agencies responsible for close to 4 million transports a year.

Fully one third of clinical management issues concerned airway management while 12% dealt with adverse drug effects. Another 12% were because of a lack of or failure to bring equipment on scene and 18% were for failure or malfunctioning equipment! Most of the airway problems were for prolonged or unsuccessful intubation attempts although so far there have been none for esophageal intubations. Adverse drug reactions involved errors in the selection, dose or manner of administration of a medication. Other reasons for lawsuits included deviations in procedure, patient assessment or medical decision making. Response and transport events which made up 8% of the cases included failure to transport or transportation to an inappropriate medical facility.

Approximately one fourth of the claimants died or suffered a life-threatening or disabling injury. Of the resolved cases 68% resulted in money paid to the claimant. The median total incurred cost for most cases was \$17,000 - \$23,000 with a total of 19.6 million dollars incurred in legal costs and settlements paid out over the two years.

Reference:

Wang H, Fairbanks RJ, Shah M, et al. Tort Claims and Adverse Events in Emergency Medical Services. *Annals Emerg Med.* 2008;52:256-262

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## UPCOMING EVENTS

Please visit our website for the most current information on upcoming events.

[www.summahealth.org](http://www.summahealth.org)

We are the EMS / Paramedic Program link that can be found under the career center tab. Events from all Summa Health System hospitals will be made available at this location.

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