

Office Preparedness for Emergency Medical Care

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It is estimated that 820 million patients will be seen in medical offices this year. From the sheer number of patient visits you can be sure that some patients will experience sudden, unexpected, life-threatening emergencies, such as cardiac arrest or anaphylactic shock. Physicians and their staff should be prepared to provide emergency care and basic life support until EMS arrives. The ability to provide emergency care is an expectation of your patients and the courts. MAG Mutual Insurance Company has identified significant deficiencies in some offices, such as AMBU bags with missing masks or emergency equipment scattered in different locations throughout the office and untrained staff that cannot locate or utilize critical equipment.

- How will your office staff respond when a sudden unexpected medical emergency occurs?
- Are you prepared to provide the appropriate emergency care for your patient population?
- Are you prepared for complications of the types of procedures that you perform?

This article provides some recommendations from our risk management perspective to guide your office in preparing for medical emergency situations.

Listed below are some questions to ask to begin to evaluate your needs:

1. What is your patient population and age range? Do you see pediatrics? Geriatrics? Both?
2. What type of procedures do you perform in your practice, particularly invasive procedures and cardiac testing?
3. Do you give injectables?
4. How comfortable and skilled in emergency care are the physicians who practice in your office?
5. What is the training and competence of your office staff to assist with emergency care?
6. What equipment, drugs and supplies do you have available? What do you need to add?
7. Where are the supplies kept? Are they inventoried and updated?
8. Where is your office located? How close is the hospital?
9. How long does it take the emergency management system in your area, to respond when you call 911?

Medical offices that perform invasive procedures, cardiac testing, level II+ surgical procedures or administer anesthesia have a duty to be prepared to handle medical emergencies that might arise as a result of the medical intervention provided in the office setting. There are specific requirements by governing agencies and recommendations by the accrediting agencies and professional organizations addressing these practices. You should be knowledgeable of the specific requirements/standards for the procedures you perform in your practice setting and

implementation of the requirements of those standards. You will be held to those standards/requirements if you have a medical emergency.

Do you have a plan? What is the appropriate level of response for your setting? After evaluating the potential needs of your practice, the first step in a risk management strategy to be prepared for an unanticipated medical emergency is a written emergency response plan. Remember, your patients think your office will be able to respond to any basic emergency situation without difficulty. Will you? At a minimum, a written plan should include equipment, supplies and drugs to include ordering and maintenance, emergency protocols, training and competency of staff, emergency drills and assignment of responsibility for continued oversight of the process.

When determining what equipment, supplies and drugs to have available, consider, in addition to Basic Life Support (BLS), how much medical intervention you should do to manage emergency care in your office. Who will provide training, inventory and oversight for the supplies, equipment and drugs? The physician is responsible for deciding the level of emergency care necessary for the type of practice and what drugs and equipment to stock, to deliver that care. When making a determination, remember you can be held responsible for both what you do not have in place, as well as, what you have in place that does not work properly. If you decide you need to provide BLS only, you must be able to maintain airway, breathing and circulation. Listed below are the suggested supplies needed:

- Assortment of oral airways in all adult and pediatric sizes
- Pocket masks
- AMBU bag with all size masks
- Mobile oxygen tank with tubing and assortment of masks and cannulas
- Back board
- Suction equipment

After determining the type of risk for life-threatening emergencies, further supplies such as, but not limited to, endotracheal intubation and intravenous administration supplies, pulse oximetry and a cardiac monitor may be appropriate.

- Determine which pharmaceuticals would be helpful to treat emergency conditions of your patient population
- Evaluate the need for medications such as epinephrine, benadryl and dextrose, in addition to other drugs you decide are necessary for your emergency kit
- Make a list of supplies, equipment and medications that are a part of your plan
- Develop an inventory list and assign responsibility for inspection, outdating and ordering of supplies
- Assign one person oversight responsibility, preferably a clinical manager
- Place equipment in the optimal location for easy, quick access in an organized manner
- Educate all staff members where the equipment is located

Consider having an automatic external defibrillator (AED) in your office. Be aware of the standard of care in using AEDs as this is a quickly evolving technology.

Staff training is a critical part of the emergency preparedness plan. In a small office it is recommended all staff, including business staff, be trained in basic life support. In a larger office, at a minimum, all clinical staff should be BLS certified.

- Consider the value of having personnel trained in Advanced Cardiac Life Support (ACLS), if you perform procedures in your office that have a high level of risk
- All staff should be trained on the location and use of your emergency supplies
- Practice an emergency or “mock code blue” at least twice a year, so the staff is familiar and comfortable with the protocol and equipment, and the emergency response protocol is evaluated for efficacy.
- Practice mock codes so when you must respond to an emergency, your staff works as a finetuned machine, rather than falling apart. The outcome to the patient may depend in part, on the speed and skill of you and your staff.

Develop a written protocol/plan for responding to emergencies. The plan should be specific to your setting and staff. It is important to practice the procedures you want followed in your office. Once an emergency arises, it is too late to implement the protocol for the first time. The situation will be stressful. Staff may have very different past experiences in responding to emergencies. They may never have been involved in a life-threatening emergency. They may not have worked as a team member in such a critical situation before. Simple procedures such as how to call for help in the office, and who should call the EMS can be confusing and take valuable time from resuscitation, if not practiced. Your plan should include, but not be limited to:

- How do you notify others in the office to a life-threatening emergency?
- Who calls 911?
- Who brings the emergency supplies to the scene?
- If you need a backboard, how do you place it under the patient?
- Who initiates CPR? Who assists?
- Who writes notes? Where are notes written?
- Who takes vital signs?
- What information will you give EMS, and who will prepare the information?
- Will you start an IV? Who will start it? Who will help set it up?
- Will you give medications? Who will administer them?
- Where will family members stay during the emergency? Who will assist them?
- How do you educate office staff on your emergency plan?
- How often do you practice?
- Who is responsible for the supplies?

Plan to provide effective emergency care for your patients until the EMS takes over. Effective care will not occur without planning and implementation of a well-thought-out and practiced plan. Failure to respond to a patient emergency appropriately can lead to allegations of substandard care and subsequent patient harm.

References:

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- MAG Mutual website Q&A by Susan Millar

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