



EMERGENCY MEDICAL SERVICES INVESTIGATION MANUAL

**Pennsylvania Department of Health
Emergency Medical Services Office**

September 2003

**Edward G. Rendell
Governor
Commonwealth of Pennsylvania**

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Secretary, Department of Health**

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Chapter 1 - Overview

I. Purpose

The purpose of this manual is to standardize the management of complaints and other information reported to the regional EMS council that pertains to conduct by persons or entities that is in violation of the Emergency Medical Services Act (EMS Act) or regulations promulgated under that act. This manual provides guidance to regional EMS councils to assist them in conducting the investigations.

II. Introduction

An investigation is an impartial, systematic process designed to establish whether there has been compliance with or violation of a responsibility imposed by the EMS Act or the regulations adopted under that act. At all times, regional EMS councils and the EMS Office must strive to conduct a logical and impartial gathering and examination of the evidence pertinent to the matter under investigation.

The manual repeats some statutory and regulatory provisions. It also explains some of those provisions. However, the manual is not itself a regulation. The manual does not have the force or effect of law. Nevertheless, every effort has been made to ensure that the manual is consistent with statutory and regulatory requirements. Statutory and regulatory requirements will take priority if there is an inconsistency. Also, a regional EMS council shall process a complaint or conduct an investigation in a manner different than set forth in this manual if so directed by the EMS Office.

Examples and statutory and regulatory provisions referenced in this manual generally pertain to ambulance services, but most of the guidance provided by this manual can be used when conducting an investigation of any organization or individual regulated under the EMS Act. Some components of the manual do specifically deal with investigations of organizations and persons other than ambulance services.

Chapter 2 – Region’s Initial Management of Complaints & Other Sources Identifying Misconduct

I. General Procedures for Processing a Complaint

A regional EMS council that receives a complaint in any form (e.g., by letter, fax, e-mail, or telephone, or it may be made in person) shall forward the complaint to the EMS Office. The regional EMS council shall promptly review a complaint to determine whether it should be processed in the standard manner or in a priority manner.

The standard manner for a regional EMS council to process a written complaint through the EMS Office is to forward a hard copy of the complaint to the EMS Office by regular mail.

If a complaint is submitted verbally by telephone or in person, the regional EMS council will encourage the complainant to file a written complaint. If the person refuses to file a written complaint the regional EMS council shall provide that person with the regional EMS council’s written summary of the oral complaint, and ask the person to confirm its accuracy and completeness.

When the standard manner for processing an oral complaint is followed, it is left to the sound discretion of the regional EMS council to forward its version of the complaint to the EMS Office or to wait a reasonable time for the complainant to respond in writing. In the event the latter option is chosen, the regional EMS council shall wait until a written response is received or a reasonable time, whichever comes first, and then send the appropriate document to the EMS Office.

II. Processing a Priority Complaint

The priority manner for a regional EMS council to process a complaint through the EMS Office is to contact the EMS Office by telephone to explain the complaint, and to then forward the complaint to the EMS Office by fax or e-mail.

A regional EMS council shall process a complaint in this manner if there are compelling reasons to immediately notify the EMS Office of the complaint. Compelling reasons include, but are not limited to, the complaint identifying facts suggesting the continuation of misconduct by a person regulated under the EMS Act that places other persons in significant danger, or the complaint involves a high profile matter such as a recent death or other significant adverse patient outcome being attributed to a failure in the EMS system.

If this type of complaint is made orally, the previously stated procedures for processing oral complaints shall be followed, except the regional EMS council shall forward its typed or written version of the complaint to the EMS Office immediately, without the complainant’s written feedback, unless that feedback is immediate.

III. Initial Processing of Information of Misconduct Not in a Complaint

A regional EMS council that receives information of conduct that appears to be a violation of the EMS Act or the regulations, from a source other than a complainant, such as from a newspaper article, television or radio report, or telephone conversation, shall report that information to the EMS Office following the same procedures for handling a complaint.

Chapter 3 - Initial Processing by EMS Office

I. Review and Assignment

The EMS Office will review complaints submitted to it by the regional EMS councils to determine if the complaint alleges conduct, which appears to be in violation of the EMS Act or its regulation. If the EMS Office authorizes an investigation, it will identify the provisions of the EMS Act or the regulations that appear to have been violated and designate the regional EMS council that is to conduct the investigation.

The regional EMS council that submitted the complaint or other source of information to the EMS Office will not always be assigned to conduct the investigation. The assignment is dependent upon the circumstances involved. Also, on occasion, the EMS Office may conduct the investigation itself.

Circumstances under which a regional EMS council for the EMS region in which some or all of the conduct to be investigated occurred may not be assigned the investigation, include: 1) the matter to be investigated involves conduct that crosses regional boundaries, 2) the investigation would or could present a conflict of interest for regional EMS council staff, or 3) the matter to be investigated involves a review of the regional EMS council's conduct.

II. Assignment of Control Number

The EMS Office will assign a control number with a category code for tracking purposes as follows:

1) Category of investigation:

- a) Ambulance Service – AS
- b) Ambulance Service Personnel – ASP
- c) Medical Command – MC
- d) Trauma Center – TC
- e) Air Ambulance Service– AA
- f) Other – OTH (Any investigation that does not fit into a category listed in a– e, or which fits into more than one of those categories)

2) Region Number:

- | | |
|---|----|
| a) Bradford Susquehanna EMS Council | 01 |
| b) Eastern PA EMS Council, Inc. | 02 |
| c) EHS Federation, Inc. | 03 |
| d) Emergency Medical Services Institute | 04 |
| e) EMS of Northeastern PA, Inc. | 05 |
| f) LTS EMS Council | 07 |

g) Seven Mountains EMS Council, Inc.	08
h) Southern Alleghenies EMS Council, Inc.	09
i) Bucks County Emergency Health Services	10
j) Chester County EMS Council	11
k) Delaware County EHS Council, Inc.	12
l) Montgomery County EMS	13
m) Philadelphia EMS Council	14
n) Susquehanna EHS Council, Inc.	15
o) EMMCO West, Inc.	18
p) EMMCO East, Inc.	19
q) Matter	00 (not assigned to a regional EMS council)

3) Year – Last two digits of the calendar year (e.g., 01)

4) Number – Four digits of a sequential number starting January 1 of each year. Each control number will follow consecutively (0001, 0002, 0003, etc.) as the numbers are assigned by the EMS Office.

5) Examples of control numbers:

- a) AS-02-98-0001 – AS - Ambulance Service
02 – Eastern PA EMS Council
98 – 1998
0001 – First control number assigned for the year
- b) AA-05-98-0002 –AA- Air Ambulance Service
05 - EMS of Northeastern PA
98 – 1998
0002 – Second control number assigned for the year
- c) OTH-19-98-0003 –OTH - Other (e.g., incident command complaint)
19 - EMMCO East
98 – 1998
0003 – Third control number assigned for the year

III. Communications From EMS Office

After the EMS Office has assigned a control number to the matter, it will send a memo of acknowledgement to the regional EMS council assigned to conduct the investigation and a letter to the person who made the complaint (if the investigation was prompted by a complaint), which will advise that either: 1) authorization to conduct an investigation has been granted (Attachment A); 2) an investigation is not authorized, and provide an explanation for that decision (Attachment B); or 3) there is a need for additional information or clarification to enable a

determination as to whether an investigation is required, and explain what information is needed (Attachment C).

Chapter 4 - Regional Investigation Guidelines

I. Initiating an Investigation

A regional EMS council shall commence an investigation only with express prior approval from the EMS Office. This approval may be given verbally or in writing. The EMS Office will assign a control number as described previously to each matter referred to it for possible investigation, and will contact the regional EMS council to provide it with the control number and apprise it whether an investigation has been authorized. When a matter is assigned for investigation, the regional EMS council shall use the control number when reporting on the investigation to the EMS Office.

The EMS Office will designate an investigation that is to be accorded priority investigation status. A regional EMS council shall initiate a priority investigation **immediately** upon receipt of the assignment. When the EMS Office assigns a regional EMS council a priority investigation, the regional EMS council shall submit a preliminary report to the EMS Office by fax, e-mail, hand-delivery or overnight-delivery within 15 workdays after receiving the assignment.

For each investigation, whether standard or priority, a regional EMS council shall submit a final investigation report to the EMS Office within 90 days unless the EMS Office directs otherwise for a particular investigation. If the investigation cannot be completed within 90 days, or such other time as prescribed by the EMS Office, the regional EMS council shall submit an interim status report to the EMS Office with an explanation of why the investigation cannot be completed within the prescribed time.

II. Investigation by Regional EMS Council

A. Develop a plan - A critical part of the investigation is developing a plan to follow to secure evidence that will prove or disprove a violation. The plan needs to identify, as appropriate, persons who need to be interviewed, documents and recordings that need to be reviewed, documents and recordings that need to be secured, and personal observations that need to be made.

B. Conduct Interviews – If interviews are a component of the plan, the investigator needs to develop a list of questions to ask the interviewee to secure the pertinent information that the interviewee may have. Doing this will help prevent the investigator from overlooking questions that should have been asked during the initial contact with the person, and help the investigator confine an interview to one or two contacts.

Some persons who are interviewed, particularly persons who are not complainants, may perceive the investigator's contacts with them as an inconvenience or a burden. To maximize their

cooperation the investigator needs to be sensitive to the burdens the interview process imposes on persons who are interviewed, and needs to limit the inconvenience as much as possible. Regardless of the information secured during an investigation, no disciplinary proceeding can be pursued unless violations can be established by relevant, competent and convincing evidence. The investigator's notes from an interview are not generally admissible if a disciplinary hearing becomes necessary. Rather, the attorney who prosecutes the matter may need to call the person who was interviewed as a witness. If that becomes necessary, the attorney will need to speak to the person to assess the person's credibility and to prepare the person to give testimony. To ensure that the person is easily assessable to the attorney, it is important that the investigator secure the person's full name, and an address and telephone number where the person may be contacted.

The notes an investigator takes during an interview may be incomplete or limited in some other fashion. If that is the case, the investigator needs to revise those notes as soon as possible, while the information remains fresh in the investigator's mind, so that the notes convey the necessary information and are easy to understand. The investigator must assume that an EMS Office staff person or Department attorney who reads the notes knows less about the matter investigated than the investigator. Therefore, it is better for the investigator to err on the side of providing too much information than too little information.

Some persons may refuse to answer questions unless their attorney is present. There is nothing the investigator can do except to accommodate their wishes. The investigator shall pursue arrangements to have the person answer questions with an attorney present and then explain the attorney's involvement in the investigator's report to the EMS Office. Refusal by a person regulated under the EMS Act to answer questions without first conferring with an attorney is not a refusal to cooperate justifying disciplinary action.

C. Gather and Analyze Documents and Recordings – A review of EMS patient care reports (PCRs), policies and procedures, regional transfer and medical treatment protocols, dispatch records and recordings, medical command records and recordings, and other records may be required in the course of an investigation. For example, an allegation of improper care by a prehospital practitioner may require the investigator to review a PCR, regional or Statewide treatment protocols, and medical command records.

If, based upon the review of those materials, the investigator determines that the prehospital practitioner has violated the EMS Act, the regulations, a treatment protocol or a medical command direction, it is not sufficient for the investigator to simply report the investigator's findings and conclusions. The investigator also needs to obtain the document or recording, or secure a copy of it, so that appropriate Department personnel can review it.

Also, as previously mentioned with respect to interviews, if there is a disciplinary hearing it is unlikely that the investigator's notes or testimony will be admissible. The best evidence of what a document states or what is said on a recording, is the document or recording itself.

Acronyms, specialized language, codes, and other language that is not universally known may be included in documents or recordings obtained by the investigator. If the investigator does not

understand the acronym, code, etc., the investigator should assume that personnel in the EMS Office will not understand it either. Consequently, the investigator needs to attempt to secure a clarification and then provide an explanation in the investigator's report. The investigator may need to secure that information from the person who prepared the material. Providing this information will enable Department personnel to better understand the investigator's report.

D. Investigative Inspections – Some investigations will require an onsite inspection of records, ambulances, equipment or supplies. Pursuant to section 12(k) of the EMS Act, the Department is permitted to conduct an inspection of an ambulance service, its vehicles, equipment and personnel qualification as deemed appropriate and necessary. By regulation, this permission extends to the Department's agents.

Pursuant to 28 Pa. Code §§ 1005.3 and 1007.1(e), upon the request by an employee or agent of the Department to conduct an inspection during regular and usual business hours, or at other times when that person possesses a reasonable belief that violations may exist, an ambulance service is required to permit the inspection. Pursuant to the same regulations, the ambulance service is required to produce for inspection and permit copying of any records relating to data and information requirements for ambulance services, and records that pertain to personnel and their qualifications, staffing, equipment, supplies and policies and procedures. The ambulance service is also required to permit the person to examine vehicles, equipment, supplies and security facilities. Failure of the ambulance service to produce the records or permit the examination as required by the regulation constitutes misconduct in operating an ambulance service and is a ground for disciplinary action. 28 Pa. Code §§ 1005.3(c) and 1007.1(e).

Notwithstanding the duty of the ambulance service to cooperate with the inspection, cooperation may not be forthcoming. If the ambulance service refuses to reasonably accommodate the investigator, the investigator shall immediately report that to the EMS Office and wait further instruction on how to handle that component of the investigation.

As with an attempted interview, the person may refuse to permit the inspection without first talking to an attorney. If that occurs, the investigator should show the person relevant provisions of the EMS Act and the regulations that require the person's compliance with the request. If the person still refuses to cooperate based upon the asserted need to discuss the matter with the person's attorney, the investigator shall ask the person to contact the person's attorney at that time and convey, or permit the investigator to convey, the statutory or regulatory provision requiring cooperation. If the person refuses to do so, or if the person refuses to permit the inspection following the person's discussion with an attorney, there is nothing the investigator can do at that time except to immediately contact the EMS Office to explain what transpired and request direction. The investigator shall explain in the investigation report details of the difficulties encountered in securing cooperation.

Some onsite inspections are designed to assess whether deficiencies occur on a certain day or at a certain time. If possible, the investigator shall conduct the inspection on the day of the week or during the time the deficiencies were reported to occur on an ongoing basis.

Inspections conducted pursuant to an application for an ambulance service license, or amendment or renewal of an existing license, are conducted under different rules than inspections conducted pursuant to an assigned investigation. When an inspection is conducted pursuant to one of those applications, the inspector is to provide the applicant with an inspection report identifying the results of the inspection (28 Pa. Code §§ 1005.4 and 1007.1(e)). **The inspector shall not provide such a report to an ambulance service when the inspection is conducted pursuant to an assigned investigation.**

E. Revising Investigation Plan - The investigation plan may need to be revised during the course of the investigation as new sources of information and evidence are identified through interviews, document reviews, etc. During the course of an investigation the investigator may uncover leads to evidence not known at the time the investigation plan was developed. For example, a person who observed an incident who is interviewed by the investigator may identify other persons, previously unknown to the investigator, who also observed the incident. If evidence of what occurred is sparse or if the evidence already accumulated by the investigator is conflicting, the investigator will want to modify the investigation plan to include interviews of those persons.

Another reason to modify an investigation plan is to investigate matters not identified at the time the investigation was assigned. For example, in conducting an investigation as to whether an ambulance service followed relevant protocols in handling a particular patient, the investigator may discover evidence that a paramedic falsified the PCR for the patient or lied to the medical command physician. The investigator should modify the investigation plan to secure evidence of the other possible violations. This may be done without contacting the EMS Office for further permission to investigate. However, if the assigned investigation is a priority investigation, and if the expansion of the investigation would require additional time or an extensive expansion of investigation resources, or if the modification of the investigation would be extraordinary for any other reason, the investigator needs to contact the EMS Office for further direction.

F. Reporting on Investigation, Evidence, Findings and Conclusions –As previously stated, the first step in the investigation process is to identify the problems or matters to be investigated. When the investigation has been completed the investigator shall complete and provide to the EMS Office an investigation report (See report format on page 15) that identifies the matters that were investigated, explains the steps taken to conduct the investigation, provides the findings that the investigator has made as a result of the investigation, provides the evidence that the investigator has secured pertaining to those findings, and asserts the investigator’s conclusions regarding violations of the EMS Act and the regulations supported by those findings.

For example, an investigator may determine that an EMT-paramedic (paramedic) performed thoracic decompression on a patient without medical command authorization as required by the regional EMS transfer and medical treatment protocol. The finding would be that the paramedic violated the regional protocol for performing thoracic decompression. The conclusion would be that the paramedic failed to comply with department-approved regional EMS council treatment protocols, in violation of 35 P.S. § 6931(j.1)(x.1), by performing thoracic decompression without securing medical command authorization as required by those protocols.

Evidence both in support and contrary to this finding needs to be identified. This could include evidence supporting the finding such as the statement of the ambulance driver, and the investigator's notes from the interview of a bystander, that they observed the paramedic perform the procedure without securing medical command authorization. It could also include evidence opposing the finding such as the statements from the paramedic and the EMT that no thoracic decompression was performed, and the PCR that was prepared for an incident making no reference to thoracic decompression being performed.

Evidence that mitigates the severity of the misconduct should also be secured. For example, in the given hypothetical, the patient may have been entrapped for a prolonged period of time without the paramedic having access to assess the patient. When the patient was later extracted, the paramedic recognized that the patient was in respiratory arrest had a tension pneumothorax, and the paramedic believed the patient could not survive without immediate intervention to allow adequate ventilations. The paramedic performed the thoracic decompression and then immediately contacted the medical command physician. Although the violation still exists, the act was based on the patient's perceived status and the paramedic's assessment that thoracic decompression was required immediately, as opposed to willful disobedience to the protocol. The EMS Office would take that into consideration regarding the disciplinary action imposed.

If there is conflicting evidence on a factual issue the investigator needs to explain why the finding was made. The EMS Office or Department legal counsel may disagree with the finding, but that is fine as long as all evidence for and against the finding is identified in the investigation report. It is also acceptable if the investigator is unable to make a finding on a critical matter because of conflicting evidence.

The purpose of the investigation is to determine whether there has been a violation of the EMS Act or the regulations. Therefore, the investigator's conclusions must be based upon the analysis of the evidence as it relates to compliance with or violation of the EMS Act and regulations. Terms such as "I feel" or "in my opinion" need not be included in the report. It is understood that an investigator's findings and conclusions involve opinion on some matters. Again, the evidence will dictate the EMS Office's and legal counsel's finding and conclusions.

G. Recommendations – The regional EMS council shall include in its investigation report recommendations regarding the action that the EMS Office should pursue. Before the regional EMS council recommends the pursuit of disciplinary sanctions, questions such as the following should be considered:

1. Is the conduct part of a pattern or an isolated incident?
2. Can the conduct be remedied through training, restricted medical command or other remedial measures?
3. Are mitigating or extenuating circumstances present that need to be considered by the EMS Office prior to making its determination?

When providing a recommendation, the regional EMS council shall also include its reasons for the recommendation. This may include mitigating or exacerbating considerations not germane to the investigation itself, such as the mitigating consideration that an individual has been a

practitioner for many years and this is the first infraction that the regional EMS council has ascertained, or the exacerbating consideration that the individual has been warned about the same conduct on several prior occasions.

(Sample Format)

Final Investigation Report

RE: Control Number ASP-00-03-0053

Date: June 2, 2003

Individual(s) & Organization(s) Investigated

e.g., John Doe, EMT-P

Matter(s) Investigated

e.g., Whether John Doe performed thoracic decompression in violation of section 11(j.1)(1)(xi) of the EMS Act, by performing thoracic decompression without the medical command authorization required by the regional treatment protocols.

Details of the Investigation

(Chronological listing of investigation activities)

e.g.,

- 1) January 20, 2003 – Complaint received (Enclosure 1)
- 2) January 20, 2003 – Forwarded copy of complaint to EMS Office.
- 3) January 26, 2003 – Authorization letter received from EMS Office for standard investigation (Enclosure 2)
- 4) Reviewed pertinent provisions of regional transfer and treatment protocols (Enclosure 3)
- 5) January 26, 2003 – Requested PCR from ABC Ambulance
- 6) January 26, 2003 – Requested medical command tapes from medical command facility
- 7) January 31, 2003 – Received PCR from ABC Ambulance (Enclosure 4)
- 8) January 31, 2003 – Forwarded copy of PCR to Dr. Smith, Regional EMS Medical Director, for review.
- 9) February 2, 2003 – Received letter from City Medical Center stating no medical command contact was made for this incident. (Enclosure 5)
- 10) February 18, 2003 – Received review from Dr. Smith (Enclosure 6)
- 11) February 18, 2003 – Sent letter to Paramedic Doe, requesting interview
- 12) March 1, 2003 – Interviewed Paramedic Doe, drafted interview notes (Enclosure 7)
- 13) March 5, 2003 – Finished Final Investigation Report

Findings and Supporting Evidence

e.g.,

Review of the patient care report (Enclosure 3) and interview of Paramedic Doe (Enclosure 6) revealed that Paramedic Doe performed thoracic decompression on the patient without following requirement in regional EMS council transfer and treatment protocol 4-5 “Thoracic

Decompression (Enclosure 3) to contact medical command in before performing the procedure.” This was confirmed during the interview with Paramedic Doe on March 1, 2003 (Enclosure7).

Conclusions

e.g., EMT-P John Doe failed to follow regional EMS council treatment protocols, in violation of section 11(j.1)(1)(xi) of the EMS Act, in that he performed thoracic decompression without medical command authorization as required by regional EMS transfer and medical treatment protocol for thoracic decompression.

Recommendation(s) & Explanation

e.g.,

- 1) John Doe’s should receive a letter of reprimand.
- 2) John Doe should be required to review the ABC regional thoracic decompression protocol with his ALS service medical director.

Explanation - Mr. Doe has been a paramedic for ten years without prior violations. He also has command authorization in the DEF EMS region. The DEF regional EMS protocol for thoracic decompression allows performance of the skill without securing medical command authorization. Paramedic Doe believed that immediate thoracic decompression was required and forgot that the applicable protocol in this EMS region requires the paramedic, prior to performing thoracic decompression, to contact a medical command physician to secure approval to perform the procedure

Signature
Signature Block

Chapter 5 - Securing Answers to Complaints

I. Complaints Against Ambulance Services

In accordance with 28 Pa. Code §§ 1005.12(b)(2) and 1007.8(b)(2), upon receipt of a written complaint describing conduct for which the EMS Office may take disciplinary action against an ambulance service, the ambulance service will be provided with a copy of the complaint and requested to respond, **unless the Department determines that disclosure to the ambulance service of the complaint will compromise the investigation or would be inappropriate for some other reason** (such as the complainant requesting anonymity). The EMS Office will make a decision on whether a complaint should be forwarded to the ambulance service. A regional EMS council shall not send a written complaint to an ambulance service and request a response unless directed to do so by the EMS Office when it authorizes an investigation predicated on the complaint.

II. Complaints Against Medical Command Facilities and EMS Training Institutes

Written complaints against medical command facilities and EMS training institutes are to be handled in the same manner as written complaints against ambulance services. See 28 Pa. Code §§ 1009.4(d)(2) and 1011.4(d)(2).

III. Complaints Against Prehospital Personnel and Other Entities

Unlike the handling of written complaints filed against ambulance services, the handling of written complaints filed against prehospital personnel is not specifically addressed in the regulations. Nevertheless, these written complainants shall be handled in the same manner as those filed against ambulance services. The same policy and procedure applies to other entities regulated under the EMS Act not previously mentioned, such as continuing education sponsors.

Chapter 6 – Administrative Considerations

I. Confidentiality

A regional EMS council is to keep information it collects pursuant to an investigation confidential, except to the extent disclosure of information is necessary to complete the investigation or disclosure is otherwise authorized by the EMS Office.

Investigation reports generated by the EMS Office or the regional EMS council are not subject to disclosure under the Pennsylvania Right to Know statute. Nevertheless, there may be circumstances where all or part of the investigation records must be released pursuant to other law. There may be other circumstances where the release of investigation records is not required under law, but the EMS Office chooses to release the information.

The Health Insurance Portability and Accountability Act (HIPAA) places no restrictions upon regional EMS councils or the EMS Office with respect to the information, documents and recordings they obtain in the course of an investigation, and places no restrictions on their release of information and materials they obtain through an investigation.

II. Administration & Security

The regional EMS council must:

- 1) In writing to the EMS Office, designate a staff person to conduct investigations and notify the EMS Office of any change.
- 2) Ensure confidential patient information secured through an investigation is secured and is not accessible by employees without the need to know.
- 3) Conduct regular (not less than annual) validation of compliance with requirements for confidentiality and security.

III. Training

The purpose of investigation training is to standardize procedures and processes for investigation. The EMS Office will provide the regional staff person designated to conduct investigations with basic training in matters such as the intake of complaints, interviewing techniques, software tools for analysis of information, investigation planning and the execution of an investigative plan.

A representative from each regional EMS council will be trained in this process upon assignment to the position. If problems are identified regarding the quality of investigations, training will be developed and conducted to address those problems.

IV. Implementation

This manual is effective upon receipt. This guidance supercedes the Complaint Investigation Manual dated November 1990.

Distribution: Regional EMS Councils

Notes

ATTACHMENTS

ATTACHMENT A

Authorization to Investigate (Sample Correspondence)

DATE: September 22, 2003

SUBJECT: Alleged Failure to Follow Medical Command Direction
Control # ASP-00-01-0115

TO: John Doe
Director
Regional EMS Council

FROM: Jane Smith
EMS Program Specialist
Emergency Medical Services Office

The Emergency Medical Services Office (EMS Office) has reviewed the (complaint/information) provided by your office, which relates that on June 30, 2001, a paramedic failed to follow the medical command direction of a medical command physician, by transporting a patient to Anywhere Hospital instead of Somewhere Hospital where the patient was scheduled for a heart catheterization.

The EMS Office is authorizing an investigation as to whether the paramedic failed to follow medical command direction, in violation of 28 Pa. Code § 1003.24(d). Please provide the paramedic with a copy of the complaint and request a response as part of the investigation. If you have any questions, you may contact me at (717) 787-8740 or via e-mail at jsmith@state.pa.us.

(717) 787-8740

September 22, 2003

John Doe, M.D.
Anywhere Community Hospital
100 Hospital Road
Anywhere, PA 12345

Re: Your Complaint Regarding James Smith, EMT-P
Control No. ASP-00-01-0115

Dear Dr. Doe:

The Department of Health, Emergency Medical Services Office (EMS Office), has reviewed your complaint, which alleges that James Smith, EMT-P, failed to follow your medical command directions by transporting a patient to Anywhere Hospital instead of Somewhere Hospital on June 30, 2001.

The EMS Office has authorized the ABC EMS Council to initiate an investigation into this matter, which has been assigned the control number referenced above. Once the ABC EMS Council investigation has been completed the EMS Office will review the evidence gathered and notify you of the results.

If you have any questions, please reference the control number and contact me at (717) 787-8740 or via email at jsmith@state.pa.us.

.

Sincerely,

Jane Smith
EMS Program Specialist
Emergency Medical Services Office

cc: Regional EMS Council

ATTACHMENT B

**No Investigation
(Sample Correspondence)**

DATE: September 22, 2003

SUBJECT: Alleged Unprofessional Conduct
Control # ASP-00-03-0053

TO: John Doe
Director
Regional EMS Council

FROM: Jane Smith
EMS Program Specialist
Emergency Medical Services Office

The Department of Health, Emergency Medical Services Office (EMS Office), has reviewed the anonymous complaint provided, which relates that on June 30, 2003, an EMT from XYZ ambulance service used profanity and verbally assaulted the crew from LMNOP ambulance service.

The complaint does not allege any violation of the EMS Act or its regulations for which the EMS Office could pursue disciplinary action. An investigation into this matter is not authorized. The EMS Office has assigned control number ASP-00-03-0053 for tracking purposes only. This matter is closed.

If you have any questions, please contact me at (717) 787-8740 or via email at jsmith@state.pa.us.

ATTACHMENT C

Request for Additional Information (Sample Correspondence)

(717) 787-8740

September 22, 2003

Ms. Jane Doe
100 Maple Avenue
Anywhere, PA 12345

Re: Request for Information Regarding Your Complaint
Control # AS/ASP-19-03-0101

Dear Ms. Doe:

The Emergency Medical Services Office (EMS Office) of the Department of Health offers its condolences on the loss of your brother. We have received your e-mail complaint that EMS personnel treated your brother inappropriately when he was in need of care.

The EMS Office requires additional information before it can proceed further on this matter. Would you please provide 1) the date of the incident, 2) the address where the incident happened, and 3) the name of the ambulance service involved.

You may forward the requested information to my attention at the following address:

PA Department of Health
Emergency Medical Services Office
P.O. Box 90
Harrisburg, PA 17108

For tracking purposes, please use the above-referenced control number on all future correspondence to this office or a regional EMS council related to this matter.

Respectfully,

Jane Smith
EMS Program Specialist
Emergency Medical Services Office