

The Next Big Thing in EMS

PAT Teams Focus on the Secondary Patients

By Daniel K. Kehoe

It has happened to me but I can't tell you when. And it has happened to you as well.

There you are, on the living room floor working a witnessed arrest in a jumble of EMTs hooking up a defibrillator and doing chest compressions on a man in his 70s. The police are outside with the fire department setting up a medevac helicopter landing as your paramedic backup unit bursts through the door demanding a patient update.

Out of the corner of your eye you see her—the man's wife—wringing her hands in the kitchen doorway, alone. She was the one who saw him clutch his chest and fall, the one who called 911. She knelt right there next to him doing CPR as best she could remember how. Then the ambulance arrived and she was jerked from her role as rescuer as abruptly as she was thrust into it.

"Come on, people! Somebody give me a patient update!" she again hears the paramedic bark amidst the confusion. She steps forward to speak, and then it happens. Your partner jumps up and deflects her with those halting words, "Ma'am, we'll handle it! Just get back and let us do our job!" In shock she retreats to fret quietly at the kitchen table. Through the archway she watches helplessly as the rescuers scramble to collect their gear and disappear out the front door with the husband of 49 years she will never see again.

Now let's replay that scene. But this time, one very special person steps through the front door just as the crew initiates CPR on the patient. He quickly sizes up the scene and seeks out the man's wife. Gently guiding her into the kitchen and away from the madness, he calmly says, "Ma'am, my name is Alan, with the ambulance. I know you are upset. Let me explain what we're doing to help your husband."

Alan kneels next to the woman and begins a dialogue that favors listening. As she begins a textbook journey through crisis response, he answers her rhetorical questions with nods of reassurance, and lucid ones with facts. "Tell me what happened," he asks her as she begins to calm down. She relates how her husband repeatedly ignored her pleas to go see a doctor about the chest pain he'd had for two days. Alan affirms her anguish, and discretely alerts the crew to this newfound medical history. Sensing she is not satisfied with just sitting still, he directs her attention toward useful and necessary tasks, like getting the name of her daughter, whom he telephones. The woman suddenly transplants her frustration for her husband's stubborn behavior to the rescuers, and charges to the archway where she demands to know why they are taking so long to get her husband and into the ambulance. Alan matches her advance and offers the explanation that the EMTs had to insert a tube to assist his breathing. Her anger subsides with Alan's report that a helicopter is on the way to make the trip to the hospital faster. Sensing her confusion about what to do, he begins to think for her, and helps her get her purse and coat as her daughter rushes up the front steps. While relating only the facts of how the call came in, Alan hands the daughter a map to the hospital complete with phone numbers, and leaves

one on the table with a note for the other relatives who will surely be arriving. Once convinced that the daughter is composed enough to drive her mother to the hospital, Alan helps them get into her car just as the helicopter lifts off. Alan asks the police officer to secure the house, and leaves the family a card listing the names of the crew, noting the date and time of the call—a very important artifact for this fateful day in their lives. Finally, he helps clean up biohazards left in the living room and restores the furniture arrangement. He walks back to his car and glances at his watch: his elapsed time on scene was only 37 minutes.

Alan is a pioneer on the newest frontier in pre-hospital care. He is a Patient Advocate Team member—a medic, grief counselor, emergency clergy, friend, and shoulder to cry on, all rolled up in one—and he is the next big thing in EMS.

Primary Care for the Secondary Patient

Patient Advocate Team members have a special calling to work with the family in their time of crisis. While every EMT has received some training on working with these “secondary patients,” the truth is that most of the crew’s attention is focused on the primary patient. Usually it is only after the police, fire or EMS crews have control of their portion of the scene that the secondary patients are looked after. Oddly, this lack of attention to secondary patients is most prominent in the very cases where a PAT member’s presence would be most beneficial: a witnessed heart attack, injured children, untimely death or major motor vehicle accidents with extrication.

Connecting and Informing

The effectiveness of patient advocacy can be seen today in leading hospital emergency departments, where helpful intercessors provide comfort and information to anxious relatives camped out in the waiting room. They pierce the communications blackout that families so often complain about before the attending physician steps out and briefs them on their loved one's condition. Hospital-based patient advocates also connect the family with spiritual and crisis counseling resources when necessary.

Like their hospital counterparts, EMS PAT members perform this connecting and informing function for the family at a medical scene. As specially trained intermediaries, PAT members act as a buffer between the family and crew, absorbing the momentum of the family members' adrenalin rush which surfaced during their brief role as rescuers. The family's natural desire to still be involved in patient care can be channeled by a PAT member to recite a medical history, retrieve prescription bottles, contact relatives or just relate the sequence of events leading up to the 911 call.

Established patient and family support services such as clergy, social workers, crisis counselors and intervention teams often take hours or even days to get engaged with the family. But PAT members are products of EMS, and are thus attuned to immediate response and action. They arrive just behind the ambulance and bridge the gap between the onset of the crisis and the arrival of long term support services (see sidebar article—"The Secondary Patient's Emotional Golden Hour.") On every call, a PAT member's

final duty is to anticipate and connect the family to established support resources before leaving the scene.

Satisfying the family's need for information is also important. With their many years of EMS field experience, PAT members are uniquely qualified to handle family members' questions about what care is being given to their loved ones. By offering up known facts in a timely fashion and with authority, family anxiety is minimized and their interference with patient care is avoided.

Worth the Effort

One of the aspects of implementing a PAT program that makes it worthwhile, in addition to the fact that it aggressively exercises one's emotions, is that your service enjoys a win-win scenario. The PAT program delivers an invaluable service to the secondary patients while opening a growth path for senior EMTs. Not surprisingly, the height of the reward matches the depth of the effort, as you will see by the thank-you notes received from the family. One last point: an unintended consequence of the PAT program is an increase in financial gifts, which in some cases can be substantial.

In 1998, our program documented 12 cases where PAT members were integral, and this year PAT involvement has more than doubled, yet there were many more that were missed due to limited PAT availability. Some of the more notable cases involved:

- helping a man cope with the news his lifelong friend and golfing partner died after denying symptoms of a witnessed heart attack on the course, even after the man tried

for hours to allow him take his friend to the hospital. The man was distraught because he had not overridden his friend's refusals and called EMS sooner. Before leaving the scene, the PAT member consoled and connected the man with the local clergy.

- staying with the family after a tractor roll-over accident. PAT members stayed with the wife and extended family while the man's body was extricated by the fire department. Under the watchful eye of the PAT members, the family was given a chance to say goodbye before the funeral home arrived.
- arranging contact with a relative after a young girl at home witnessed her father's collapse and death from a congenital heart defect. The parents were divorced, so the PAT member located a relative to assist the girl, and notified her and the relative of the man's death.

In the course of helping the family, PAT members are careful to not go beyond their expertise. For instance, to avoid losing credibility or increasing exposure to legal action, they report only what they know to be true while providing generous emotional support. They stay away from predictions like "She's going to be fine" or giving medical diagnoses such as "Don't worry, he's not having a heart attack." Instead, they concentrate on reporting the treatments being administered and plans of action: "They're helping him breathe, and because of his condition we're bringing in a medevac helicopter." By observing these guidelines, PAT members give the family what they need without overstepping medical or legal boundaries.

Your PAT Program

Is it time for your service to offer this rewarding form of care? Luckily, it doesn't require certification, government approval, or even additional people. You can create your own PAT program from within just as we did (see sidebar article—"A PAT on the Back.") If you've made the commitment, here's what to do next:

1. **Choose the right people.** Identify the most senior, mature EMTs in your organization. From that pool, select those who have the strongest desire and ability to help people in crisis. You won't have to work very hard to find these people. Once the opportunity is explained to them, the right ones will jump at the chance.
2. **Create guidelines for what the PAT members do and don't do.** They are not needed on every call, and are not intended to be full time chaplains or counselors. In our service, PAT members only respond to heart attacks, pediatric, SIDS, untimely death, and certain psychological and assault cases, or whenever requested by police and fire. PAT members also respond on standing orders to calls of considerable nature (such as a school bus accident,) then clear if not needed. Ordinary calls are well within the training of the duty crew to handle. But if they get into a situation they are not comfortable with, the crew calls for a PAT member.
3. **Notify partnering services of the team's availability.** We printed up contact sheets for the fire and police departments, as well as the local schools, listing the types of calls when PAT members are beneficial, and how to request them.

4. **Equip the PAT members with the tools for the job.** This includes issuing the appropriate badging (“Family Assistance” tags work well), portable radios or pagers, and a notebook with lists of local clergy, crisis hotline numbers, and a cellular phone to allow discrete communications off the radio. Maps to each hospital with phone numbers and written directions are important, as are business cards and pamphlets to help direct families to long term support services. This year our PAT team will add “PAT Paks” which go along with relatives to the hospital. Inside the packs are pens and paper for writing down numbers and notes, quarters for soda, snacks, pre-paid phone cards, tissues, and other helpful items. A “Kid’s Pak” contains crayons, snacks and small toys to keep young children occupied.

5. **Train the team on crisis topics.** While all PAT members are people-oriented and have a base of experience on the medical side, their ability to handle the emotional aspects of a family in crisis may be underdeveloped. You might utilize a local psychologist or grief counselor as a trainer and mentor. We have encouraged our PAT members to be versed in all types of crises, but specialties are also encouraged. Some have gravitated toward situations that involve children, spiritual matters and death, or women in crisis.

These are just the first few steps in the process. As with any substantial new venture, it will take time to sell the idea to your membership, organize the team, get some calls under your belt and review your progress. When you reach that point, I hope you’ll share with me how your service has implemented “the next big thing in EMS.”

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----- SIDEBAR #1 -----

----- A PAT on the back: Keeping experienced members active and motivated -----

In 1997 after 15 years, Dan Kehoe EMT-B, was about to leave the Suffield Volunteer Ambulance Association, the EMS provider covering a town of nearly 10,000 residents just north of Hartford, Connecticut. As the organization's longest active member, he was tiring of active shifts and began voicing concerns about "being too old for this job." Just days before he was to tender his resignation from the organization, the chief suggested he stay and develop a role where he could use his experience and people skills to assist the patients' families. Intrigued by this offer, Kehoe tried out some ideas on calls for the next year, and laid the foundation of today's PAT program.

To ensure a successful implementation, he searched the ranks of the SVAA for EMTs sporting some unique qualifications: skill at helping people in their worst hour, experience with every conceivable type of call, and confidence to conduct themselves reliably in extremely stressful situations. Three members signed on to the task: Deputy Chief Lisa Shelanskas, EMT-I/EMSI; Lieutenant Don Miner, EMT-I; and Deirdre Vorih, EMT-B. Jean Egan, Ph.D., a social psychologist and local college professor, developed some material on what to say to people undergoing an emotional crisis response, and in January 1998 the SVAA's PAT program was officially underway.

Deputy Chief Shelanskas sees the PAT program as a way to retain experienced people while improving the SVAA's service to their closeknit town. "The PAT program

addresses the needs of the whole community, the patient's family, and the providers themselves.” And how does this affect retention? “Before this program, there wasn't much for EMTs to do beyond taking shifts, so good people were burning out and leaving. Now we can keep some of our most experienced people, hopefully forever.”

Not everyone qualifies as a PAT team member. The breadth of people skills necessary develops only through maturity. And the experience of thousands of calls allows the PAT member to give information and support with confidence and authority. “This isn't something a brand new EMT can do,” Lt. Miner explains. “First you make the team because you know how to deal with people. Then you can tell a terrified woman how the crew is helping her husband because you've seen this type of call a hundred times before.”

Speaking for the group, Deirdre Vorih answered a question about the value of replicating the PAT program in other EMS organizations. She said, “It has made such a positive impact, both for our organization and those we serve that I don't know how we got along without it. And best of all, it costs virtually nothing to implement!” Truly, the PAT program has shown that valued members can be retained and service levels increased without a huge investment or a government mandate. And in this age of shrinking funds and growing regulation, we think that alone deserves a “pat” on the back!

----- SIDEBAR #2 -----

----- The Secondary Patient's Emotional Golden Hour -----

The concept of a trauma patient's Golden Hour has been a staple of EMS care for years. Interestingly, secondary patients have their own hour which, if dealt with by a PAT member on scene, can be remembered as a positive, helpful experience instead of a time of frustration and uncertainty.

The shock of the medical emergency and its resulting adrenalin rush can keep the family members occupied and helpful to the patient until EMS arrives. Once pulled away from active care, however, the crisis response phases kick into high gear. The family members usually break down as the reality of what has transpired hits home. From here on the PAT member matches the family's need at each stage with the appropriate understanding, information, gentle restraint or guidance. What might have been idle frustration can be turned into active helping, which keeps the family feeling involved but out of the way of rescuers.

The time from emergency onset until arrival at the hospital with its long term support is approximately one hour, thus suggesting the scope of the PAT member's time commitment. After effectively connecting the family to established services, there is little need to engage in a long term support relationship with them. This frees PAT members to experience closure and to reflect on the value of their contribution to the care of these secondary patients. Without fear of becoming overly involved to the point of burnout, the

team remains freshly optimistic and ready to help the next family through their own emotional golden hour.

[Golden Hour diagram]

Daniel K. Kehoe is a public speaker and president of Bigfoot Labs, a Connecticut-based software company which provides software for emergency services. He is a 23-year EMT with Suffield Volunteer Ambulance, a lieutenant and director of their PAT program. He can be reached by email at dankehoe@bigfootlabs.com.

Suggested accompanying photo treatment:

[Article opening] Color photo of silhouetted elderly woman and consoling PAT member standing in doorway in background with visible EMS team in the foreground working on patient.

[Article middle] Color photo of PAT member hand clasping hand of elderly woman

[Sidebar 1] Color photo of original four SVAA PAT members and new PAT members in front of ambulance.

[Sidebar 2] Diagram: “The Secondary Patient’s Emotional Golden Hour”