

Questions and Answers About the PAT Program

What does a PAT member do?

PAT members take care of the immediate concerns and needs of the family at a serious medical or major incident. They focus their attention on the wife of a man having a heart attack, the parents of a child struck by a car, or the family and friends of a victim of untimely death. Any scene where these “secondary patients” need information, comfort and guidance is a place where a PAT member could be useful.

PAT stands for “Patient Advocate Team,” and is named so as to emphasize our commitment to our patients and their families, helping act for them in a time of medical crisis.

What action does a PAT member take at the scene?

The PAT member might simply give printed directions to the hospital, or help the spouse gather prescriptions and insurance cards and get seated in the ambulance. They explain what procedures are being done and answer questions like, “why is it taking so long?”

Don't the ambulance crews and the police already do this job?

At most ordinary medicals, yes. But at serious medicals—heart attack, injured children, major motor vehicle accidents with extrication—the emergency teams are busy with more urgent tasks, and a family’s need for information, guidance and comfort are set aside. It is here that the PAT member steps in to ensure that the family’s needs are met without compromising the care being provided to the patient.

At some scenes, it is the nature of the medical that prompts the need for a PAT member. When there is untimely death, sexual assault, or very young children injured, often the family has more of a need for care than the primary patient. Yet the kind of care required transcends the training of average EMS crews. Here the PAT member’s focus on emotional support, faith, listening skills and comfort bridge the hour-long gap between onset of the crisis, and the arrival of professional crisis teams, clergy, or other family.

By providing these services, the PAT member frees up police, fire and EMS resources for other tasks.

Are PAT members crisis counselors?

No, although “emergency crisis counselors” would be more accurate. They are also temporary ministers, instant social workers and on-the-spot referral agents. PAT members can help sort out the needs of the family at a serious medical and notify long-

term support resources such as clergy, crisis teams and counselors. While making these referrals and awaiting their arrival, PAT members play any and all of these roles for the benefit of the family and the patient.

I still don't see how PAT members are much different than clergy or counselors. Why not just use these existing support groups?

While abundant support resources are available and do eventually work their way in to help a family in crisis, it takes time for them to be notified and become involved. Most of the time clergy go to the hospital and wait for the patient and family to arrive. Crisis counselors might be hours away, and friends and neighbors are reluctant or timid about coming over to help while the ambulance is on-scene, fearing they'll be chased away.

PAT members respond and help out *right now*. They are products of EMS service, and are attuned to emergency response and quick action. They have the answers to the medical questions the family is asking, and are tasked with guiding them through their "golden hour" of emotional shock until the other support services take over.

How long are PAT members involved at the scene?

Not long, sometimes as little as 15 minutes, and probably not more than one hour. In most cases they leave after the ambulance has left the scene and the family members have been taken care of.

How do PAT members get notified when they are needed?

Currently, they are notified by phone, usually by the police dispatcher. Sometimes PAT members will hear a call and because of its nature voluntarily respond. While important to the process, PAT members are secondary to the EMS crew providing care to the patient, and therefore not notified until requested, or after other emergency crews are enroute. All PAT members have TAC radio portables and will sign on enroute with a "PAT-nnn" callsign.

Are PAT members in charge of the ambulance crew at the scene?

No, quite the opposite. First, PAT members focus on the needs of the secondary patients, usually the family. As such, they are not assigned any direct responsibility for the primary patient, and are not part of the on-duty crew. Second, in the event the crew is short-handed, the PAT member may work medically on the patient under the authority of the crew chief, in the same way any first responder would. Note that the SVAA has written policy guidelines for EMS officers to have scene authority, and should a PAT member who is also an EMS officer be on-scene, he or she could be acting in the higher capacity.

What are the response guidelines for PAT members?

When requested to come to the scene of a medical by police, fire, or the EMS crew, the PAT member responds on a “green” unless otherwise requested. Note that if he or she is in close proximity to the scene, response could be under the SVAA’s first responder guidelines, in which case the PAT member may arrive ahead of the ambulance and work the patient medically until relieved by the crew.

PAT members will arrive on scene in uniform, or other appropriate clothing, and display proper identification for the benefit of the family members as well as the crew.

In the case of a misjudged or good intent call, the PAT member will clear the scene as soon as possible.

To what kinds of scenes will PAT members not respond?

First and foremost, PAT members will not enter any unsafe scene until it has been cleared by the police, or made safe from hazard by the fire department. Also, scenes presenting bio-hazard (TB, AIDS, bloodborne pathogens) will only be entered upon obtaining the proper ambulance-supplied protection gear.

Other scenes which will probably not require PAT involvement include chronic medical conditions (medical transfers and general illness), hypocondriacs and “frequent flier” patients, most crime scenes, and any medical scene easily handled by the on-duty crew.

In these cases, there is little value that can be added by a PAT member.

Who are the current PAT members?

The director of the PAT program is Dan Kehoe PAT-8 (668-1443) and in 1998 two new PAT members will be coming on-board: Deirdre Vorih PAT-652 (668-5613) and Don Miner PAT-5 (668-6631.) Any one can be called, but practicality suggests first contacting the PAT member nearest to the scene.

A PAT member will not always be able to respond. During 1998, work will be done to train on-duty crews in some of the PAT techniques to fill in the gaps and to mentor new members on the team.