

always free

TRUE EMS PROFESSIONALS  
GET PAID BECAUSE THEY  
CARE; THEY DON'T CARE  
BECAUSE THEY GET PAID.

#### ABOUT THE PUBLISHER

I became an EMT in 1987 and graduated from Daniel Freeman Paramedic School in June, 1989.

For most of the next decade I worked in the City of Glendale, CA, responding to 911 calls with the, then BLS only, fire department.

By the end of 1998, I was traveling around the country working with distressed EMS agencies. I taught organizations to improve field provider performance through better communications & leadership practices. I provided tools that bridged common gaps and offered real ownership in the agency's reputation for quality of service and care to anyone who was willing to accept it—and a way out for those who did not.

At the turn of the century I took over as the Director of Operations for the largest ambulance provider in the State of Maryland.

Now, back in Los Angeles, I am nearing the end of my third year in Law School.

Through intensive study of the Law, I have discovered a significant disparity that exists between the technical law EMS Providers learn in school and the issues & exposures they face in real life.

I created THE LEGAL GUARDIAN™ newsletter in conjunction with a SERIES OF INFORMATIVE AND INTERACTIVE CE LECTURES to help bridge that vital gap.

My goal: PROTECT YOU WHO PROTECT OTHERS.

David Givot

# THE LEGAL GUARDIAN

The Newsletter Dedicated to Protecting Those Who Protect Others

THELEGALGUARDIAN.COM

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## Documentation: A Matter of Form and Function

**“IF YOU DIDN'T WRITE IT ON YOUR PATIENT CARE REPORT, YOU DIDN'T DO IT.”**

If you have been around for any length of time, you recognize that as being the most tired cliché in EMS. At the same time, you also know it is 100% true as far as a Judge, Jury, and opposing counsel are concerned.

### Patient Care Reports (PCRs)

With every PCR you write, imagine that it will someday be enlarged and projected onto a giant screen for the Judge, Jury, and Opposing Counsel to see... and pick apart.

**How is your penmanship? How is your spelling?**

**How well are your thoughts organized?**

Many people tend to leave such considerations back in college or even high school. Sadly, conventional wisdom (for many providers) is that PCRs are a matter of function, not form. Many believe that simply spilling information on the form is enough; they abbreviate properly where they can and abbreviate creatively where they cannot. That line of thinking could cost them a career—or worse.

To a layperson on a Jury panel, a PCR that may be fully completed and accurate may still seem unreliable or even incomplete if it is sloppy, rife with misspellings, or disorganized. To opposing counsel, creative (read: unrecognized) abbreviations can effectively call into question your competence.

In essence, your skill, ability, and you will be judged by your documentation. Defendants have lost cases for much less.

It may take some additional time and, after the 20<sup>th</sup> call in as many hours, you may be exhausted. But every PCR must be a careful combination of form and function. Every person who sees that report must know with 100% confidence and certainty what you saw, what the patient and witnesses said, what you did, and when you did it.

### Billing Forms

For many providers, Billing Forms are the bane of EMS existence. All too often they are submitted with a woeful lack of information and an abundance of blank spaces and boxes. *“I don't have time for that, I have calls to run. Besides, that's what the billing department gets paid to do!”* is the general and flippant rationale behind that very dangerous thought process.

Like PCRs, Billing Forms share time in the spotlight and they can make for an opposing counsel's dream-come-true.

Because they are part of the patient's record, Billing Forms can be as critical to your cause as PCRs. They tend to include space for assessment and treatment information and—as they say—if you didn't write it, you didn't do it. Even on a billing form and even if it is written on the PCR.

Indeed Billing Forms can be laborious and time consuming, but they are not just about the money.

Beyond protecting your own reputation or career, the ethical duty to provide complete patient care should include preventing the kind of unnecessary discomfort that accompanies insurance claims confusion or threatened credit.



As an EMS Professional, your duty of care extends to  
**Your Partner • Your Crew • Your Patient**  
**Your Community • Your Agency**  
**And Yourself**





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## In the News: Paramedic Career Ended?

January, 2007 — An Indiana paramedic [name deleted] who worked for the Decatur County Memorial Hospital, was sentenced in a plea deal, to spend 15 days in jail for stealing Morphine and Demerol which he used himself. He also admitted to replacing contents of the syringes with other harmless and clinically ineffective liquids.

He was originally charged with Class D felonies which carried a maximum prison sentence of three years each in jail upon conviction. After a plea

agreement, however, he faced one charge and will spend two weeks behind bars.

Despite the reduction in the charges, he still may not be able to obtain a job as a paramedic again. When he was arrested, his license was suspended by the Department of Homeland Security (DHS), which has EMS under its purview.

“We won’t take any permanent action until we get the information from the court. Even if the sentence is reduced to a misdemeanor, we may

assess the maximum penalty because it is a drug offense,” said a spokesperson for Homeland Security.

Quite often, a person pleads guilty to an offense and the court bargains it down. On its own authority, DHS will look at the risk to the public. While the vast majority of the country’s EMS personnel are very good, when a provider is arrested for stealing or possessing a controlled substance The DHS will pursue that to the fullest.

## Smile! You’re on Candid Camera!

Life may be different from George Orwell’s predictions of fifty years ago, but not by much. As the prolific and, then controversial, author foretold, cameras **are** everywhere and everyone **is** watching.

Newer and smaller video recording devices and broadband public outlets like YouTube™ can place your integrity, your patient care,

and you center-stage for millions and millions to see... and judge. All before you even arrive at the Emergency Room.

More frightening is the frequency with which such recordings are being used in legal action against EMS Providers—even where no actual wrong has been done.

There is only one way to protect yourself, your patient,

and your reputation from an adverse situations arising from those few minutes of fame:

**ALWAYS  
PROVIDE ONLY THE BEST, MOST  
PROFESSIONAL, AND MOST  
COMPLETE PATIENT CARE TO  
EVERYONE!**

Approach every situation as if you know it will be on the 6:00 news. One day, you will be.

## What Were They Thinking?

In 1985, a Paramedic unit responded to a call for a man with shortness of breath.

Upon arrival, the senior of the two Paramedics quickly determined that the man was a “frequent flyer” and “...just a drunk...” They left the scene without so much as checking vital signs.

A short while later, the unit

responded once again to the man, once again no substantive assessment was conducted.

The third time out the man was in full cardiac arrest—and that condition did not improve.

The senior Paramedic, affectionately known, even prior to the incident, as “Dr. Death” altered the earlier EMS reports to indicate complete

assessments and essentially threatened his partner in to compliance.

The senior Paramedic ultimately lost his certification and was convicted. Was he convicted for malpractice or negligence? No.

He was ultimately convicted for falsification of medical documentation.