

Cause No: 03-06M
Name: Christopher Goode
Administrative Law Judge: William K. Teegarden
Date: December 16, 2004
Commission Action: Affirmed

FINDINGS OF FACT

1. Both the EMSC and the Agency are agencies within the meaning of IC 4-21.5.
2. The EMSC and the Agency are the state agencies responsible for the regulation of EMTs and Paramedics.
3. IC 4-21.5, IC 16-31, and IAC 16-31 apply to this proceeding.
4. The EMSC is the ultimate authority within the meaning of IC 4-21.5 with respect to Agency actions taken against certificates and certificate holders.
5. At all times relevant to this proceeding, Goode held a Certificate issued by the EMSC.
6. Goode obtained his certification in 1999.
7. Goode is employed as a firefighter by the Perry Township Fire Department (Marion County) and was so employed on January 29, 2002, the date of the incident leading to this complaint and complaints against three other certificate holders.
8. On the evening of January 29, 2002, Goode and a paramedic were assigned to Perry Squad 662.
9. Near midnight, squad 662 was dispatched to a Perry Township location with respect to a possible childbirth.
10. Rural Metro squad 664 consisting of an EMT and paramedic was also dispatched.
11. The Perry crew arrived at 11:47:14 p.m. and the Rural crew arrived at 11:48:53 p.m.
12. The Perry crew was on the scene for 12 minutes.
13. The Rural crew was on site a little longer and provided transport to the hospital.
14. The call for services did involve a pregnant woman close to giving birth; however it also involved a prolapsed cord.
15. The agreement between Perry Township and Rural Metro apparently has Perry crews acting as nontransport first responders and Rural crews assuming patient control and responsibility when ready to transport.
16. The crucial twelve minute interval went as follows:
 - a. Perry unit arrives on scene,
 - b. Goode is the first person through the door,

- c. Goode immediately began a verbal assessment of the woman (and her spouse) and was told about the prolapsed cord.
 - d. Seconds later, the accompanying paramedic joined them and was told about the problem.
 - e. Shortly after this, the Rural crew arrived and was advised of the situation,
 - f. The Rural paramedic then stated that the patient should be loaded and transported quickly,
 - g. Goode left the residence to get a cot,
 - h. The patient walked outside to the cot,
 - i. Goode continued to take patient history after the patient got on the cot.
 - j. Perry loaded the patient and took vital signs,
 - k. Goode and the Perry crew also exchanged patient information at that time and Goode recorded the vital signs for his report.
 - l. Goode and his partner were then released at that time.
17. Most notably, at no time did any EMT or paramedic at the scene in the house do a quick physical assessment of the nature and extent of the prolapsed cord which among other things, led to allowing the patient to walk out of the living room and walk to the cot instead of sitting or lying and waiting for the cot to be brought to her.
 18. The Rural crew consisted of an experienced paramedic and an EMT.
 19. For some reason, neither of them conducted an exam at the scene and left with the female paramedic driving and the EMT in the back.
 20. Not until the ambulance was close to the hospital was a corrective action taken about the cord.
 21. The child was presented grey and floppy but was resuscitated.
 22. The child has required extensive medical care since his birth and will during the duration of his life.
 23. This incident quickly came to the attention of Dr. Michael Russell, the medical director.
 24. Dr. Russell not only is involved with emergency medical services as a hospital emergency medical director but also from working as an EMT and Paramedic for 10 years and doing his residency in emergency medicine. As such, his testimony here is given great weight.
 25. He has been EMS medical director for over 10 years.
 26. Dr. Russell also co-authored the Marion County Protocols.
 27. After reviewing the reports of this run, Dr. Russell began an investigation in his official capacity as EMS director.
 28. Dr. Russell quickly concluded that the Marion County protocols were violated by all four certificate holders.
 29. Specifically, the holders did not take any action to protect the cord and this situation required an immediate visual assessment of the exposed cord which was not done at the scene.
 30. The exposed cord makes this an advanced life support run instead of basic but since a paramedic was on the scene, this distinction is not important in this case.

31. Dr. Russell agreed that ideally, the paramedic would take charge and do the needed exam or order it done, however in the absence of the paramedic doing this (he was described by one witness as “asleep on his feet”), Goode should have followed the protocol.
32. A second opportunity to have a paramedic take charge occurred approximately two minutes after Goode began his assessment when the Rural crew arrived but again, this did not happen.
33. Dr. Russell took action against all four certificate holders concluding each was independently responsible for treatment and care.
34. Goode received a letter of reprimand.
35. Dr. Russell readily agreed that in an ideal world, the paramedics should take charge as the highest medical authority on the scene.
36. The protocol in question is found on page II.26.4 of the Marion County Protocols and is clear and unambiguous. It states that high flow oxygen should be administered to the mother, the mother should be placed in a left lateral recumbent position, and elevate the presenting part of the cord with a gloved hand.
37. Dr. Russell terminated the Perry paramedic’s patient care privileges for 6 months and required remedial coursework.
38. The EMSC and the Perry paramedic entered into an agreed order which added a 90 day suspension of EMT and Paramedic certificates and a 5 year probationary period in which he could not operate an ambulance and could work only under the direct supervision of an M.D. in a health facility.
39. Dr. Russell suspended the Rural paramedic’s patient care privileges and shortly thereafter, reinstated her on probationary status requiring Audit and Review of all runs and completion of certain education requirements.
40. The paramedic and the EMSC entered into an agreed order placing her certificates on probation for a year and requiring remedial coursework.
41. Both paramedics were fined by the EMSC with a portion of the fine suspended.
42. Dr. Russell issued a reprimand to the Rural EMT.
43. The EMSC and the Rural EMT entered into an agreed order placing his certification on probation for 6 months and requiring remedial work. A fine was imposed with half of it suspended providing successful completion of the coursework and 6 months probation.
44. Clearly, the prolapsed cord protocol was not followed and the trier of fact agrees with Dr. Russell that all certificate holders present had a duty to commence treatment.
45. The trier of fact also agrees with Dr. Russell that the primary duty to proceed with diagnosis and treatment fell on the 2 paramedics at the scene. The actions taken by the medical director clearly shows this distinction.
46. Goode otherwise has an impeccable record as an EMT.
47. Goode’s appearance and testimony in this matter show he is a dedicated and capable EMT¹

¹ Subsequent to this incident, Goode received a heroism medal for diving into a pond in total disregard of his own safety and rescuing a toddler from a submerged car and certain death.

48. While his prior exploits do not provide a “get out of jail free card”, they must be taken into account in assessing any penalty or assessing the desirability of keeping him in the EMS business.
49. While there is no direct evidence to this point, the trier of fact can conclude that Dr. Russell used his personal knowledge of the parties involved to assess his disciplinary actions.
50. The issue thus becomes one that can be stated as follows:

“When a competent medical director has made an investigation and taken action, at what point does the EMSC have a duty or a need to impose further sanctions.?”
51. In certain cases, this question is easily answered as in cases where the certificate holder has been fired or has resigned. In these cases, the EMSC certainly has a duty to the public to encumber certification to prevent the holder from simply moving to the jurisdiction of another medical director every time there is a patient treatment error.
52. In cases where the medical director and the certificate holder’s employer both believe the holder is an asset to the profession and employment is to continue relatively unhindered, the trier of fact concludes the corrective action of the medical director should be given great weight.
53. The Agency has requested a minimum penalty similar to that imposed on the Rural EMT, namely;
 - a. probation for 6 months
 - b. compel remedial training in obstetrics and Marion County Protocols, and
 - c. impose a civil penalty in the amount of \$500, with \$250 being stayed as long as there are no further violations of patient care or protocols.
54. The Agency also requested the remedial work be taken after the date of the final order.
55. The incident in question took place in January of 2002.
56. Goode has, according to all accounts, performed his duties at a high level of competency since receiving the letter of reprimand in February of 2002.
57. The trier of fact sees no reason to place Goode’s certificate in a probationary status in 2005.
58. The trier of fact concurs that requiring remedial coursework in pre-hospital obstetric care and/or protocols is appropriate but disagrees that the coursework must be taken after the date of this final order. Such a policy discourages an EMT who faces possible sanctions from taking the initiative to improve his skills when shown to be deficient.
59. The testimony of Goode shows that subsequent to this incident, Goode took coursework in obstetrics and OB emergencies. His exact words were “I would’ve been an idiot not to.”
60. The trier of fact agrees a fine, most of which is suspended, is appropriate primarily for the reason that a suspended fine will ensure compliance with a continuing education condition.
61. 836 IAC 4-4-1(e)(2), in effect at the time of the incident, required an EMT to “Perform quality patient care based on the content of approved training or the orders of the provider medical director.

62. Goode failed to act within the protocol provided by his medical director.
63. Given his subordinate position at the time of the incident and his demonstrated dedication to the profession after the incident, the appropriate penalty for the EMSC to impose is a concurrence in the letter of reprimand issued by Dr. Russell, proof of a minimum of 20 hours of approved continuing education of prehospital obstetric care taken after February 1, 2002, and a fine of \$500 with \$400 suspended provided the remaining \$100 is paid and proof of the completion of the continuing education requirements submitted within six months of the date of this order.

NONFINAL ORDER

Christopher Goode, holder of Indiana Emergency Medical Services and Basic Emergency Medical Technician Certificate #48439 is hereby ordered to submit proof of completion of twenty (20) hours of approved coursework on obstetrics and is hereby fined in the amount of Five Hundred (\$500) Dollars, Four Hundred (\$400) of which is hereby suspended pending conformance with the continuing education requirement imposed by this order.

The One Hundred (\$100) Dollars remaining on the fine must be paid to the Emergency Medical Services Commission and the proof of continuing education must be submitted on or before July 29, 2005.

The Emergency Medical Services Commission further formally concurs in the letter of reprimand issued by Dr. Russell and adopts the letter as part of the official action of the Commission.