Patient safety and monitoring the work of paramedics

Bezpieczeństwo pacjenta a nadzór nad wykonywaniu zawodu ratownika medycznego

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Abstract. The healthcare system in Poland gives paramedics considerable professional independence and a wide scope of authority to perform healthcare services independently. There is, however, no effective supervision of their substantive performance by professional self-government, voivodeship consultants or other entities. The only area of the paramedics’ medical activity which undergoes substantive supervision is their use of physical coercion. The lack of substantive supervision over medical rescue services should be recognized as adverse both for patients prior to their admission to a hospital and for paramedics due to the lack of factual support in their work and lack of professional training based on an analysis of adverse events. It is essential to take legislative action to provide a basis for introducing methods of substantive supervision into the work of paramedics. The study analyses the legal regulations in respect of the possibilities of providing substantive supervision over the performance of other medical jobs, in particular physicians, nurses and physical therapists.

Key words: patient safety, paramedic


Słowa kluczowe: bezpieczeństwo pacjenta, ratownik medyczny

Introduction

The rights and professional roles of paramedics are systematically increasing in the Polish health care system. The legal regulations (State Emergency Medical Services Act of 8 September 2006) differentiate between the independent activities of paramedics and those performed under the supervision of a physician. At the moment, paramedics are legally entitled to perform 28 types of medical emergency procedures and administer 47 types of medication. They are also authorised to independently perform 38 medical services other than medical emergency procedures. The full scope of authority is obtained upon the completion of 3-year BSc studies. Paramedic education does not offer additional specialised courses or specialisations improving their professional qualifications, as opposed to nursing education, for example. What is more, although there are no legal obstacles, MSc courses in paramedical science rarely take place. The model of gradual improvement in qualifications and the acquisition of additional competences accompanying increasing professional experience has not been adopted in the Polish paramedic
services system, unlike in the UK for example, where the paramedic’s career begins as an ambulance technician, leads through paramedic, specialised paramedic, advanced paramedic and ends with consultant paramedic [1].

Despite differences in the current system of paramedic training the legislator has not yet introduced a distinction between ambulance technicians (technik ratownictwa medycznego) – post-secondary graduates, and paramedics (paramedyk) – higher education graduates, as proposed by the Polish Resuscitation Council [2]. Only a number of medical rescue procedures and other medical services performed by paramedics require the supervision of a physician; however, the realisation of supervision activities is not specified by the provision of law.

Thus, the question arises whether, taking into consideration patient safety, the activities of paramedics performed independently require substantive verification and supervision and, if so, who should provide that supervision.

**Importance of medical supervision**

Substantive supervision in health care denotes planned procedures aimed at assessing and improving the structure, process and results of health care, as carried out by entities directly involved in providing such care [3].

The control, analysis and training regarding prehospital trauma care services, as elements increasing patient safety in emergency medical services, are noted in the instructions issued by WHO, for example [4].

As regards the legal context, supervision over particular professions is determined by Article 17 of the Polish Constitution, which is a basis for establishing professional associations for professions of public trust authorised to supervise the proper conduct of professions of public trust. According to the regulations on medical professions which have established a professional association, the supervision should be exercised over trainees as well as over fully qualified medical professionals.

In the Medical Profession Act, the term supervision is used both during the stage of a limited right to practice a profession and during specialised training when physicians need to be supervised in certain circumstances until they acquire the skills to handle those situations independently.

After specialised training, direct substantive supervision is continued by the physician in charge of a given ward or by an appointed senior physician. Only lengthy experience and gradually obtained authorisations to perform increasingly complex procedures shape physicians and allow them to work independently. Comparing the method of achieving professional independence by a physician and a paramedic, the latter does not remain under direct substantive supervision even in their first year of employment, and their responsibilities do not increase progressively and are not adjusted to their experience. In some Accident and Emergency (A&E) centres (e.g. in Stefan Żeromski Hospital in Kraków) paramedics entering employment (under an employment contract) receive supervision exercised by a person appointed to oversee the paramedic’s actions in a new workplace. The supervision is usually entrusted to a senior nurse or paramedic. During the first year, the new employee is assessed on a three-month basis. The assessment is multidimensional and reflects the employee's knowledge of medical procedures, pharmacological treatment, manual skills exhibited in the conducted procedures, psychological aspects of the interactions with patients, the cooperation with the A&E team and more.

Another issue consists of the interview and verification of knowledge and practical skills of those applying for a job in Polish Medical Air Rescue teams (part of the State Emergency Medical Services).

The solutions regarding substantive supervision over physical therapists go even further. In accordance with the adopted regulations, the Polish Chamber of Physiotherapists may inspect physical therapists in order to assess the practice of the occupation. Physical therapists authorised by the professional association to conduct inspections may request medical information and documentation, access to the rooms used by the entity providing medical services, participation in activities connected to providing medical services and may also request clarifications in either written or oral form. Information about potential misconduct in the practice of the occupation is submitted to the disciplinary ombudsman. The Act on Physical Therapy also specifies that other medical professionals, should they witness the violation of any rules of professional conduct by a physical therapist, are obliged to express their observations to the person violating the rules and if this proves ineffective and the continuing violation of the rules indicates a possible risk to life or health, the other medical professional is obliged to immediately inform their immediate supervisor and the disciplinary ombudsman for physical therapists [5].

As the paramedics’ professional group has no professional association of its own, the obligation to maintain control over the proper pursuit of the professional activities of public trust is neglected. During the Parliament’s previous term, a draft act on the profession of paramedic and the professional association of paramedics was proposed, but the works have been suspended during the current term.

Another institution in charge of substantive supervision, aside from professional associations, are voivodeship and national consultants appointed for different medical specialties. The issue is governed by the Act on Healthcare Consultants of 6 November 2008. Their responsibilities include in particular: inspections over entities providing medical services with reference to education and professional training, inspections of the availability of medical services, inspections of the entities’ medical equipment, analytical instruments and equipment for preparing and testing medicinal products as well as inspections of their effective use in the course of the teaching process. The most important task of a
consultant is the so-called consultant supervision, realised by issuing opinions on the proper diagnostic, treatment and nursing procedures in the scope of their compliance with the current state of the art, taking into consideration the availability of methods and resources. At present the Polish health care system employs consultants in emergency nursing and emergency medicine. The proposed appointment of consultants in the field of emergency medical services to perform substantive supervision over the largest group in the State Emergency Medical Services system, namely the paramedics, has been formulated by the Social Paramedics Committee and the Polish Council of Paramedics; however, it has not yet been addressed by the legislator.

Medical supervision in emergency medical services

The Act on State Emergency Medical Services in its current form does not provide a basis for exercising any substantive supervision over procedures performed independently by paramedics. It is worth mentioning that the legislator lacks consistency as regards substantive supervision in State Emergency Medical Services. The Act on State Emergency Medical Services does mention substantive supervision, but only in the context of emergency medical dispatchers. This duty is imposed on the emergency physician in an Emergency Communication Centre or a Disaster Recovery Centre. The emergency physician's task is also to provide medical dispatchers with substantial help (Article 29 of the State Emergency Medical Services Act). Thus, actions performed independently by a paramedic are by no means retrospectively assessed or controlled in terms of appropriateness, correctness or effectiveness. One exception is the use of the measures of direct coercion by a paramedic in charge of medical emergency procedures. The appropriateness of the used measures of direct coercion is assessed in each case within 3 days from the event by a psychiatrist appointed by the Voivodeship Marshall [6]. The available literature does not provide sufficient information about the degree of appropriateness of the measures of direct coercion used by a paramedic. A similar solution needs to be introduced in the assessment of appropriateness and quality of other medical procedures which can be performed independently by a paramedic. In taking account of patient safety, it is undoubtedly necessary to extend such supervision over the paramedics’ right to withhold or terminate resuscitation in the first place. Nonetheless, the assessment should not be used to draw consequences (or impose penalties) against paramedics, but mainly to facilitate professional training and help prevent adverse events at the prehospital stage, thereby increasing patient safety.

Professional liability of a paramedic

In terms of penalties, it should be explained that the Act on Professional Liability of Skilled Employees of Healthcare of 18 July 1950, whose scope includes paramedics, remains in power in Polish law [7]. According to this obsolete Act, paramedics, similarly to other professions included in the Act, are accountable for professional misconduct to the Committee of Workplace Control working at the Praesidium of the Voivodeship National Council. The possible penalties are (apart from warning and reprimand) a ban on practising the profession in a given town or a fine up to PLN 1.50. Even though the issue has been brought up in public, such as by the Polish Medical Law Society as an example of absurdity in medical law, it has not been changed and remains dangerous legal fiction. This situation appears harmful not only from the viewpoint of patients but also from the viewpoint of paramedics. As without professional liability of paramedics there is no safety margin, with all claims against them being taken to court to meet administrative or judicial proceedings, due to the lack of alternative solutions.

National Monitoring Centre for Emergency Medical Services

One positive step is the proposal included in the draft amendment to the State Emergency Medical Services Act to establish a National Monitoring Centre for Emergency Medical Services. The responsibilities of the new institution would comprise, for example: defining standards for conduct or analysis of medical emergencies involving many victims [8].

Although most of the centre’s duties are intended for medical dispatchers, it is certain that this institution, especially since there are no other statutory solutions, could be used to monitor the quality and effectiveness of medical rescue procedures and exercise substantive supervision over all medical professions within State Emergency Medical Services.

The matter of medical supervision over emergency medical services also calls for the creation of a separate register of selected medical rescue procedures which, following the example of acute coronary syndromes register or other currently existing registers, will help improve the quality of medical rescue procedures and patient safety at the prehospital stage.

Conclusions

- The State Emergency Medical Services system provides no substantive supervision over procedures performed independently by paramedics, with the exception of the assessment of appropriateness regarding the measures of direct coercion.
- Taking into account patient safety as well as safety during professional conduct of paramedics, it is vital to introduce actual substantive supervision over the independent professional conduct of paramedics.
- It appears reasonable to appoint voivodeship consultants and a national consultant for emergency

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medical services who would be responsible for the supervision over paramedics’ professional training and conduct.

- The target solution considering supervision over paramedics’ professional conduct is to create a professional association for this professional group.
- Gradual improvement of paramedics’ qualifications seems crucial due to gradually acquired professional experience and competencies undergoing systematic recertification and periodic verification.
- Finally, it is reasonable to introduce a career path for paramedics to reflect gradually acquired professional competencies.

**Literature**

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4. Prehospital trauma care system. WHO 2005