



Carle Foundation Hospital
Carle Regional EMS System
210 East University Avenue, Champaign, IL 61820

Coordinator Neal,

I am writing to you today after reviewing another very concerning care record from NECAS. Without disclosing PHI, I was forwarded a recent record where a patient was picked up with clear signs of septic shock, which was correctly identified by your provider. This patient had profound hypotension, with a systolic pressure of only 64. An IV was inserted and a 250 cc fluid bolus given, but the blood pressure never came up above 72 systolic. Where care appears to go horribly wrong is that the patient's IV rate was lowered to "keep open" after 250cc. The patient's lungs were documented as clear, so there was no indication to stop treating the severe hypotension. Also, an ALS intercept was not called despite a documented 45-minute transport time, and the patient remained in profound shock on ER arrival. While the patient did survive, I find this care to not meet the appropriate medical standard and to be a major deviation from current ILS care under the Region 6 Sepsis protocol.

We are certainly both aware of the challenges and problems with care that have been repeatedly identified at NECAS over the past year. Our EMS office has devoted over 200 hours in the past year to your agency alone, including quality reviews, continuing education, and remediation. Your staff has also spent extensive time in these efforts. Ultimately, my medical judgment is that those efforts have not been successful in producing an acceptable result in terms of consistent quality of care rendered at the ILS level. Therefore, I am writing today to provide you some options to move forward.

Option one: If you feel that your agency can still become successful at the ILS level and feel that the deficit lies with Carle EMS, I will grant you the professional courtesy of remaining an ILS Carle system member in good standing for the next 30 days. During which time you are to find a different EMS system willing to sponsor you at that level going forward. We will provide the requisite good standing letter during this time period, should you decide on this course of action. I acknowledge that all member agencies have a choice in system participation. If you feel that a different system could better help you succeed, now is the time to make that change.



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Option two: If you agree with my assessment that it is in the best interest of your community to not continue at the ILS level, then please file the paperwork promptly with the state to reclassify as a BLS transport agency. Carle EMS will be glad to retain you as a system member going forward at this level, so long as we see an appropriate BLS level of care- including appropriate decisions on when to call for advanced EMS intercept. Reclassifying as BLS would not diminish our efforts to help your agency succeed- but it would eliminate a majority of the concerns we have recently reviewed.

There is a third option, which I would strongly advise against. That is, I acknowledge that you could ignore this message and not move to either reclassify as BLS or to change EMS systems. **The reason I would strongly urge against this final option is that if CREMS has not received one of the above two decisions by August 9, 2018, I will then notify the state EMS office of the separation of your agency from system sponsorship. That would prevent your ability to operate at any level.** I assure you that I do not want that to happen.

This course of action on my part was not decided upon rashly. I have been aware of the mentioned latest problem case for several days, **as well as several others where care was not optimal, in recent months.** I have thought long and hard before coming to this determination. I also want to emphasize to you to not blame this action on the individual provider or on this one case- **it is merely the latest in a long string of concerns,** and no one individual provider is to bear sole blame.

I feel it appropriate to share with you that on a personal level, writing this message saddens me a great deal. I deeply respect the dedication of both you and your providers, and very much hoped that we could succeed together at your current level. Rural EMS is an incredibly important component of our system, and we do want the best care possible to be provided in all areas of our region. At the end of the day, however, my first responsibility as a system medical director **is to ensure that the care we provide our citizens meets an appropriate medical standard.** That is not a responsibility that I will ignore, despite how much I wish the conclusion were otherwise.



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I am always available to communicate with system members, either in writing or verbally. This certainly includes you or anyone else from NECAS. I do want to make clear however that the above course of action is a final decision, and further discussion will not change my determination regarding this agency action. The Illinois EMS Act (210 ILCS 50/3.10) stipulates that authorization of level of care provided lies solely with the medical director of each system. I am simply not comfortable with your agency operating at the ILS level in the Carle system and utilizing my medical license going forward, beyond the courtesy period delineated above.

You will receive a copy of this communication with my handwritten signature via US mail in the near future. I decided that it was appropriate to notify you electronically as well, so as to avoid any delay in your ability to consider the decision that I have put before you to make.

Sincerely,

A handwritten signature in black ink, appearing to read "Mike Smith".

Mike
Michael Smith, MD FAEMS
Medical Director, Carle Regional EMS
Assistant Clinical Professor, UI College of Medicine