Verdicts Spotlight Dispatch Problems

Legislative remedies sought

Juries hit the city of Chicago with two EMS-dispatch-related verdicts—one for $50 million, the other for $3.06 million—the last week of November. Jennifer Hoyle, spokeswoman for the city’s legal department, said the $50 million verdict represents the largest verdict ever against the city. She also said the city will likely appeal both decisions. Although they may appear extreme, the Chicago lawsuits illuminate important issues for EMS dispatch systems nationwide.

The Chicago Decisions. In Gant vs. City of Chicago, a jury awarded $50 million to the family of a 19-year-old man who died due to an asthma attack. Douglas Gant’s mother called 9-1-1 three times, but dispatchers refused to provide pre-arrival CPR instructions. On one call, the phone rang 26 times at the Chicago Fire Department 9-1-1 dispatch center before the mother hung up. Another call went unanswered for 26 rings, apparently because both a dispatcher and the supervisor were at lunch despite being understaffed. Paramedics arrived 8.5 minutes after someone finally answered the first 9-1-1 call, although they came from a fire station a block away.

The $3.06 million case, Cooper v. City of Chicago, involves a 59-year-old man who bled to death from an ulcerated leg after two CFD 9-1-1 dispatchers refused requests for an ambulance.

But these two cases are not unique. Chicago has settled several dispatch-related cases, and a court will soon decide another, Kazmierowski v. City of Chicago et al.

In August 2000, the Illinois Supreme Court ordered a lower-court trial in the Kazmierowski case to determine whether Chicago and two CFD paramedics had engaged in willful and wanton misconduct. The lawsuit alleges the medics failed to turn the knob on an unlocked door and left the scene while the asthmatic woman who had called 9-1-1 lay dying inside the apartment. Prior to leaving the scene, the medics contacted the 9-1-1 center, but the dispatcher had not stayed on the line with the caller. The call back reached only an answering machine.

The Lessons. Jens publisher James O. Page testified as an expert witness for the Cooper family. He said these verdicts illustrate several important lessons for public safety agencies:

- Dispatchers must follow the protocols adopted by their agencies;
- When any doubt exists about whether to send an ambulance, dispatchers must send one;
- Common courtesy and good listening are important skills for emergency dispatchers; and
- A public agency will pay a high price if caught trying to destroy evidence of negligence.

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“Similar cases are arising in other places,” said Salt Lake City emergency physician Jeff Clawson, MD, founder of the Medical Priority Dispatch System. “You only hear about the bad cases, not the much, much larger number of calls involving dispatcher errors that don’t result in serious injury or death.”

While most of the nation’s largest cities use some sort of emergency medical dispatch protocols and give some pre-arrival instructions, many communities allow dispatchers to give ad lib instructions, rather than requiring them to adhere to a scripted protocol.

For example, although Chicago does not use the MPDS protocols, Hoyle said IFD 9-1-1 dispatchers use “some sort of card system,” but the dispatchers did not refer to them in these cases.

Legislative Remedies. Some Chicago plaintiff attorneys have formed an ad hoc group to work with the Illinois legislature to address dispatch problems. “Lives are more important than our businesses,” said Chicago plaintiff attorney Pat Boyle, who represents the Kazmierowski family. “We’re working with [state] Rep. Dan Burke, who is trying to pass legislation that would require dispatchers to prioritize people who are critically ill and on the phone. The message is pretty clear that the system is broken. We hope legislation and the jury system will force it to change.”

A number of states legislatures already have passed laws requiring 9-1-1 emergency medical dispatchers to be trained to certain standards. A 1999 National Academy of Emergency Medical Dispatch survey found 18 states have some sort of EMD regulation, although only about half of those require all 9-1-1 centers to adhere to them. Fifteen other states reported plans to regulate EMD.

“The entire state of Delaware uses NAEMD-certified dispatchers using the [MPDS] protocol, as does New Hampshire’s only 9-1-1 center,” Clawson said. “Virtually all of North Carolina, Utah and Maryland are covered by academy-certified EMDs.” Since the NAEMD survey, Connecticut has also passed emergency medical dispatch legislation.

In Connecticut, “Standards will be developed and each [public safety answering point] will be required to provide trained EMDs or contract with another provider to provide EMD for all emergency calls,” said Jessica Chartier, spokeswoman for AMR New England. “We asked Dr. Clawson to come and speak with people so they have a better understanding of EMD and how to get the right resources to the right people at the right time.”

“Indiana is diving into emergency medical dispatching. We’ve pretty much got the standards laid out, but the issue is how to transition from voluntary standards to mandatory ones over the next four or five years,” said Mike Garvey, deputy director of the Indiana Emergency Management Agency. “We want to require all new 9-1-1 centers to have an EMD program in place and others to train their dispatchers as EMDs, but it won’t be easy due to financial considerations and the fact that the sheriffs control most 9-1-1 centers.”

NAEMD recently contracted with EMS consultant Tom Scott to develop model state EMD legislation for use as a nationwide template. NAEMD Executive Director Rob Martin said the model legislation most likely would look much like the Connecticut bill. Among other provisions, “It provides a funding mechanism for EMD training,” said Martin.

Contact NAEMD at (801) 359-6916 or at www.naemd.org.
For more on the Chicago cases, visit www.jems.com.