



North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Office of Emergency Medical Services

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CERTIFIED MAIL

May 22, 2009

Mr. James A Griffin  
[REDACTED]  
[REDACTED]

Dear Mr. Griffin:

As you are aware, the NCOEMS conducted an investigation regarding a complaint received by our agency involving your performance as a North Carolina credentialed paramedic. This investigation report was submitted to the North Carolina EMS Disciplinary Committee for review and recommendation. Based upon their recommendation, information obtained during interviews conducted through the investigation process, as well as your interview with the North Carolina EMS Disciplinary Committee, the Department will take no action against your North Carolina EMT-Paramedic credential.

This letter is official notification of that decision and informs you that your paramedic credential is active with an expiration date of June 30, 2011. This investigation is closed but will remain on file with our agency.

Thank you for your cooperation during this investigation process. Should you have questions or require additional information, please feel free to contact me at (919) 855-3942.

Sincerely,

Kimberly Cole  
Compliance Specialist  
Office of Emergency Medical Services

cc: Mr. Michael Cobb  
Ms. Ann Marie Brown



**State of North Carolina  
Department of Health and Human Services  
Division of Health Service Regulation**



**Office of Emergency Medical Services**  
2707 Mail Service Center  
Raleigh, North Carolina 27699-2707  
(919) 855-3935 Phone  
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James A. Griffin  
(P017293)

Complaint Received: August 14, 2008

Investigation Completed: March 20, 2009

Complainant: Kim Woodward, Orange County EMS Operations Manager

Complaint: Mr. Griffin did not follow applicable protocols when responding to patient [REDACTED] on August 12, 2008.

Alleged Violations: 10A NCAC 13P .0701 (e)(8)

Findings: Evidence to support violation of Orange County EMS protocols  
Evidence does not indicate violation of 10A NCAC 13P .0701 (e)(8)

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## Background Information

Mr. James A. Griffin (P017293) holds a valid North Carolina EMT-Paramedic credential. This credential expires on June 30, 2011. Mr. Griffin said he has held a North Carolina EMT-Paramedic credential since 1995 and was a North Carolina EMT from approximately 1987 until 1995. At the time of this report, Mr. Griffin was not affiliated with any EMS agency in North Carolina.

On August 12, 2008, Mr. Griffin, as an employee of Orange County Emergency Services, responded to a 911 call from [REDACTED]. Mr. Griffin said he was dispatched to a call for muscle cramps. [REDACTED] had recently gotten home from high school football practice and thought he needed an IV to help alleviate his muscle cramps. Mr. Griffin and the fourth year medical student who was riding with him as an observer evaluated patient [REDACTED] and discharged [REDACTED] without treatment or transport to a medical facility. Mr. Griffin said he told [REDACTED] to orally hydrate himself.

On August 22, 2008, Mr. Griffin's EMS practice privileges in Orange County were terminated by Dr. Jane Brice, EMS Medical Director, for not adhering to applicable protocols (see Attachment 1, letter to Mr. Griffin from Dr. Brice). A letter from Ms. Annette Moore, Orange County Staff Attorney, details the seven protocols/policies allegedly violated. A copy of this letter is included as Attachment 2.

A brief review of the Orange County EMS practice model is relevant to this investigation. Orange County EMS paramedics respond with Quick Response Vehicles, often without ambulance response. BLS ambulances are sometimes dispatched initially and sometimes called to the scene by paramedics for the purpose of transporting patients. The paramedic has authority to choose whether he/she accompanies the patient during transport or allows BLS personnel to care for the patient during transport. Dr. Jane Brice, Orange County EMS Medical Director since 2001, has high expectations of independent, critical thinking for paramedics in the Orange County EMS System, as documented in the investigative interview on page 10. Significant orientation and training is required before paramedics in the Orange County EMS System function independently.

Patient [REDACTED] condition approximately four hours after Mr. Griffin's response to him is also noteworthy. Orange County EMS personnel responded to patient [REDACTED] again on August 12 when his parents came home to find him pulseless and non-breathing. The initial phone call notifying Dr. Brice of Mr. Griffin's possible violation of protocol/policy linked the two responses to patient [REDACTED] since they both occurred in a 24 hour period and the patient had a negative outcome. Dr. Brice, during the investigative interview, did not indicate her actions against Mr. Griffin's EMS privileges were related to the patient's death at a later time. She said her actions were due to Mr. Griffin's multiple protocol/policy violations. Initial information received from the Orange County EMS System regarding termination of Mr. Griffin's EMS privileges led the OEMS investigation to focus on allegations of protocol/policy violations during Mr. Griffin's response to patient [REDACTED].

## Investigative Summary

Because of information contained in news stories related to response to patient [REDACTED] on August 12, 2008, the OEMS met with Orange County EMS officials to gather more information regarding circumstances of the event. Arrangements were made to meet with Kim Woodward, Orange County EMS Operations Manager, and Dr. Jane Brice, Orange County EMS Medical Director. On August 27, 2008, Michael Cobb, OEMS Regional Manager, met with Kim Woodward and Dr. Jane Brice at Orange County Emergency Services headquarters to gather information needed to determine if an OEMS investigation was warranted. Mr. Cobb learned Mr. Griffin's EMS practice privileges in Orange County were terminated by Dr. Brice on August 22 (see Attachment 3). A certified letter was sent to Mr. Griffin on August 28, advising him he was the subject of an OEMS investigation (Attachment 4). This letter was sent to Mr. Griffin's address listed in the OEMS online Credentialing Information System. Two attempts to send a certified letter to that address were unsuccessful. Having the incorrect contact information (i.e. address) caused a delay in making contact with Mr. Griffin. The OEMS was later able to obtain Mr. Griffin's home phone number from Orange County Emergency Services and contacted Mr. Griffin by phone to notify him of the investigation, gather updated contact information, and schedule an investigative interview. The content of that interview is included on page 7 of this report.

On September 18, the OEMS received a letter from Donald R. Strickland, Attorney representing the Estate of [REDACTED] (Attachment 5). This letter said Mr. Strickland had obtained copies of phone records showing no record of Mr. Griffin's calls to [REDACTED] parents and questioning the truthfulness of Mr. Griffin's report as related to phone calls to [REDACTED] parents. On October 20, Mr. Cobb spoke with Donald Strickland and requested a copy of the phone records to which Mr. Strickland referred in his September letter. Mr. Strickland e-mailed those records to Mr. Cobb the same day (Attachment 10).

The OEMS attempted to obtain a copy of the Patient Care Report from Mr. Griffin's response to patient [REDACTED] from Orange County Emergency Services (see Attachment 6- September 22 letter). On September 29, Michael Cobb and Kim Cole, OEMS Compliance Specialist, spoke with Ms. Annette Moore, Orange County Staff Attorney, regarding this request. Ms. Moore asked questions about OEMS authority and the investigation related to this Patient Care Report. On October 17, OEMS received a letter from Kim Woodward, Orange County EMS Operations Manager, stating they were not authorized to provide the report (Attachment 9).

On October 23, Mr. Cobb requested from Mr. Donald Strickland a copy of the August 12, 2008 Patient Care Report for Mr. Griffin's response to patient [REDACTED]. Mr. Strickland e-mailed a copy of the Patient Care Report the same day (Attachment 14). Mr. Strickland also e-mailed the audio file of [REDACTED] 911 call on August 12, 2008.

The OEMS requested the name and contact information of the medical student who was with Mr. Griffin when he responded to patient [REDACTED] on August 12, 2008 and a copy of his/her written statement to Orange County EMS. Also requested in the same letter (Attachment 11) were August 12, 2008 phone records for the phone Mr. Griffin said he used to call patient [REDACTED] parents and copies of selected protocols/policies referenced in Ms. Moore's August 27 letter to Mr. Griffin's attorney. These protocols/policies (received as Attachment 12) were requested for the purpose of comparing them to protocols/policies on file with the OEMS (Attachment 8). At the time of this report, neither the phone records nor the information related to the medical student had been received.

To obtain additional information regarding the Orange County EMS Peer Review process, potential protocol/policy violations and how they may be associated with violation of EMS Rules, an investigative interview with Dr. Jane Brice, Orange County EMS Medical Director, was scheduled. Michael Cobb and Donnie Sides met with Dr. Brice on October 24 at UNC Hospital. The content of this interview is included on page 10 of this report.

## Investigative Timeline

08/12/08 Mr. Griffin responded to patient [REDACTED]  
[REDACTED] parents return home to find [REDACTED] unresponsive, pulseless and non-breathing

08/27/08 Mr. Cobb met with Kim Woodward and Dr. Jane Brice to discuss circumstances surrounding details of EMS response to patient [REDACTED]  
[REDACTED]  
OEMS received letter from Orange County Emergency Services regarding August 22, 2008 suspension of Mr. Griffin's EMS practice privileges in Orange County

08/28/08 Certified letter from OEMS to Mr. Griffin

09/11/08 Online tracking of certified letter indicated no record found for the certified letter mailed on 08/28/08

09/12/08 Certified letter from OEMS to Mr. Griffin (same letter resent)

09/18/08 OEMS received letter from [REDACTED] family attorney regarding phone records

09/22/08 OEMS letter to Orange County EMS requesting Patient Care Report

09/23/08 First certified letter to Mr. Griffin returned to OEMS

09/26/08 Orange County staff attorney left message for Mr. Cobb concerning OEMS request for Patient Care Report

09/29/08 Mr. Cobb and Ms. Cole return call to Attorney Annette Moore

10/03/08 Mr. Cobb obtained Mr. Griffin's home phone number from Orange County Emergency Services Personnel

10/10/08 Mr. Cobb contacted Mr. Griffin by phone to schedule investigative interview  
Second certified letter to Mr. Griffin returned to OEMS  
Mr. Cobb e-mailed a copy of the OEMS letter to Mr. Griffin

10/13/08 OEMS investigative interview with Mr. Griffin

10/20/08 Mr. Cobb spoke with Mr. Strickland, requesting [REDACTED] phone records  
OEMS received [REDACTED] phone records by e-mail

10/23/08 Mr. Cobb requested (by e-mail) from Mr. Strickland a copy of the Patient Care Report from the Orange County EMS response to patient [REDACTED] on August 12, 2008  
  
OEMS received August 12, 2008 Patient Care Report from Mr. Griffin's response to patient [REDACTED]

10/24/08 OEMS investigative interview with Dr. Brice

10/30/08 Requested [REDACTED] autopsy report from Medical Examiner's Office

12/08 Medical Examiner's Office advises [REDACTED] autopsy report is incomplete

01/08/09 Medical Examiner's Office advises [REDACTED] autopsy report is incomplete

01/27/09 Medical Examiner's Office advises [REDACTED] autopsy report is incomplete

02/18/09 Medical Examiner's Office advises [REDACTED] autopsy report is incomplete

03/05/09 Medical Examiner's Office advises [REDACTED] autopsy report is incomplete

03/18/09 [REDACTED] autopsy report received by OEMS

03/20/09 OEMS investigation report completed



## Summary of Interviews

Name: James A. Griffin  
Staff: Michael Cobb, Regional Manager  
Pat Webb, Regional Specialist  
Location: Alamance County EMS  
Date: October 13, 2008  
Times: Began – 12:55 p.m. Ended – 1:48 p.m.  
Reason: Mr. Griffin is accused of violation of 10A NCAC 13P .0701 (e)(8).

Michael Cobb, Regional Manager and Lead Investigator for this complaint, and Pat Webb, Regional Specialist, met with Mr. James A. Griffin on Monday, October 13, 2008 in the training room at Alamance County EMS. The purpose of the meeting was to discuss allegations of Mr. Griffin having violated EMS Rules of the North Carolina Medical Care Commission. The meeting began with Mr. Griffin's review of the Interview Disclosure Statement. Mr. Griffin read and signed the statement (Attachment 7).

Mr. Cobb presented the letter informing Mr. Griffin of the OEMS investigation (a photocopy of the August 28 certified letter). Mr. Griffin acknowledged receipt of the letter by e-mail on Friday, October 10. Mr. Cobb explained the allegation of Mr. Griffin not following Orange County EMS protocols when responding to patient [REDACTED] on August 12, 2008.

Mr. Cobb explained the OEMS investigative procedures to Mr. Griffin. This discussion included information about the EMS Disciplinary Committee and regulatory authority of the Department of Health and Human Services related to Mr. Griffin's North Carolina EMT-Paramedic credential. Mr. Griffin was advised no discussion or comments would be considered "off the record" and the report could become public record.

Mr. Griffin advised he had been a North Carolina EMT since about 1987, functioning as a first responder until obtaining his North Carolina EMT-Paramedic credential in 1995. He then functioned as a paramedic in Forsyth County until 1999 when he began to function as a paramedic in Orange County. Mr. Griffin said he is not currently affiliated or functioning with any EMS agency in North Carolina. He has submitted applications to Guilford County and Alamance County for possible EMS employment.

Mr. Cobb then asked Mr. Griffin to describe the events of the August 12, 2008 response to patient [REDACTED]. Mr. Griffin spoke without use of notes. He said he was dispatched routine traffic to a patient with muscle cramps. A fourth year medical student was riding with Mr. Griffin as an observer that day. Mr. Griffin said [REDACTED] met them at the door when they arrived. [REDACTED] said he had recently returned from football practice and was experiencing muscle cramps all over his body. Mr. Griffin said the patient was obviously uncomfortable and did not want to be still. [REDACTED] massaged his legs, stretched his arms, and walked around the room. Mr. Griffin asked about [REDACTED] fluid intake in general that day; [REDACTED] said maybe he had not had enough.

Mr. Griffin suggested oral hydration, seeing cases of bottled water, Gatorade, and orange juice in the house. He also noted the salt shaker in the living room, thinking it was unusual to find it there and perhaps used by [REDACTED] to help with possible dehydration. Mr. Griffin wanted to obtain orthostatic vital signs; he obtained the patient's vital signs in a standing position. He said [REDACTED] was not hypotensive and he expected the blood pressure would be slightly higher in a sitting position. He wanted to obtain vital signs with the patient in a seated position but [REDACTED] did not want to sit due to discomfort from cramps. Mr. Griffin also considered placing a heart monitor on the patient but said the patient was moving around too much. He also considered taking an oral temperature but did not, noting the patient's skin was not unusually hot. [REDACTED] asked for an IV and the medical student told him it was not necessary because [REDACTED] could orally hydrate himself. Mr. Griffin agreed and did not plan to start an IV but recommended drinking from the fluids available in the house. [REDACTED] did not ask to go to the hospital. He did ask Mr. Griffin how long the cramps would last; Mr. Griffin said he did not know.

Mr. Griffin, noting the patient was [REDACTED], tried to contact [REDACTED] parents by phone. Mr. Griffin said he reached voice mail messages for both parents but did not leave a message with either. He used the phone issued by Orange County Emergency Services to make the calls. [REDACTED] expected his parents to arrive home around 4:30 p.m., approximately three hours from the time of the phone calls.

Mr. Cobb asked Mr. Griffin if he knew which Orange County EMS Protocols applied to the response to patient [REDACTED], considering the patient's age and condition. Mr. Griffin said he knew of no policy that applied and no age-specific policy. Mr. Griffin said the patient, though he was [REDACTED] seemed competent and he made the decision to discharge him. When asked, Mr. Griffin said he did not contact online medical control from the scene of the call to discuss this patient.

Mr. Griffin said the medical student who rode with him submitted a written statement to Orange County Emergency Services regarding the response to patient [REDACTED]. Mr. Griffin said Orange County refused to allow him to review the statement. Mr. Griffin said Kim Woodward told him the medical student was surprised by the patient outcome and submitted a statement with similar content to Mr. Griffin's report.

Mr. Cobb said the OEMS was advised of a peer review meeting in Orange County to discuss Mr. Griffin's response to patient [REDACTED]. Mr. Cobb asked if other calls to which Mr. Griffin responded had been reviewed in a similar manner. Mr. Griffin said one previous call had been reviewed and Dr. Brice chose to take no action against him after the review. Mr. Griffin said he met with the training officer and two other paramedics to discuss the response to patient [REDACTED]. Mr. Cobb asked how Dr. Brice notified Mr. Griffin of her decision regarding this matter. Mr. Griffin said he had not spoken with Dr. Brice regarding this matter but did receive her letter when it was hand-delivered to his home by Director F. Rojas Montes de Oca, Jr. and Captain Kim Woodward.

Mr. Cobb told Mr. Griffin the OEMS received information indicating Mr. Griffin's EMS privileges were terminated in Orange County because he violated protocols. Mr. Cobb asked Mr. Griffin if he was aware of this allegation. Mr. Griffin said he received a letter signed by Dr. Brice (referenced in previous paragraph), indicating he violated Orange County protocols and terminating his practice privileges in Orange County. Mr. Griffin allowed Mr. Cobb to view this letter and make a copy of it for the investigation file (Attachment 1). Mr. Cobb asked Mr. Griffin which protocols were referenced in the letter. Mr. Griffin said his attorney tried for some time to find that answer and received a letter from Orange County Staff Attorney Annette Moore in response. Mr. Griffin allowed Mr. Cobb to view this letter and make a copy of it for the investigation file (Attachment 2).

Mr. Griffin said he was made aware of a meeting with Orange County officials regarding the status of his employment. He said he believed those meetings would have led to termination of his employment. Mr. Griffin said he resigned his employment with Orange County before that meeting occurred.

Mr. Cobb allowed Mr. Griffin the opportunity for any additional comments to be added to this report before concluding the interview. Mr. Griffin said the events of August 12 were tragic for the [REDACTED] family but he did not think anything he did warranted action against his EMS credentials.

Name: Dr. Jane Brice, Orange County EMS Medical Director  
Staff: Michael Cobb, Regional Manager  
Donnie Sides, Operations Manager  
Location: UNC Hospitals  
The office of Sylvia Thibaut, Hospital Attorney  
Date: October 24, 2008  
Times: Began – 10:35 a.m. Ended – 12:00 p.m.  
Reason: Dr. Brice is the EMS Medical Director for Orange County EMS. She terminated Mr. Griffin's EMS privileges in Orange County after he violated Orange County EMS protocols.

Michael Cobb, Regional Manager and Lead Investigator for this complaint, and Donnie Sides, OEMS Operations Manager, met with Dr. Jane Brice, Orange County EMS Medical Director, in the office of Ms. Sylvia Thibaut, UNC Hospital Attorney. At her request, the OEMS allowed Ms. Thibaut to be present for the interview. The meeting began with Dr. Brice's review of the Interview Disclosure Statement. Dr. Brice read and signed the statement (Attachment 14).

Mr. Cobb led a brief discussion about the OEMS investigation process; all present were comfortable with their understanding of the process. Allegations of Mr. Griffin's violation of EMS Rule were explained. Dr. Brice was advised no discussion or comments would be considered "off the record" and the report could become public record.

Dr. Brice said she became EMS Medical Director in Orange County in 2001 and had served as Assistant EMS Medical Director from 1997 to 2001. Mr. Cobb asked Dr. Brice about her professional relationship with EMT-Paramedic James A. Griffin. Dr. Brice said he had been a paramedic in the Orange County EMS System for a number of years. She said he was generally considered a good paramedic and his history in Orange County was not outstanding in a good or bad way compared to other EMS personnel. She said Mr. Griffin, like many paramedics, had a problem in general with poor spelling and not adequately documenting some calls. She said he had been remediated in the past and one previous incident was reviewed by a peer review committee. That peer review led her to take no action.

Dr. Brice was asked to describe the EMS peer review process in Orange County. She said the EMS System has a low threshold for review of calls. Dr. Brice can trigger a review, as well as any citizen complaint, or unexpected outcomes. Kim Woodward, Orange County EMS System Administrator, usually does a cursory review to determine if a peer committee (made of three peers) should be called to review the incident or in some cases has Dr. Brice immediately review the call. All protocol violations lead to a peer review meeting if Dr. Brice is aware of the violation. All patient refusals are reviewed but do not always result in a peer review meeting. If a patient had a specific medical history, the protocol related to that history may not always apply. For example a paramedic shouldn't follow the chest pain protocol for a patient with cardiac history who is complaining of a broken leg.

In the case of the August 12, 2008 responses to patient [REDACTED] Dr. Brice was notified of the two responses before a peer review committee convened. She was called by phone on August 13 while out of town. Kim Woodward told Dr. Brice that Mr. Griffin was devastated by the patient outcome and was unable to continue functioning for the remainder of his shift. Dr. Brice took no immediate action (she said she would have advised Kim Woodward to temporarily relieve Mr. Griffin from response duties but it was already done) and decided she would look into the two calls while a peer review committee conducted a simultaneous review.

After Dr. Brice's review of Mr. Griffin's response to patient [REDACTED] on August 12, 2008 and after Mr. Griffin met with peers to review the call, Dr. Brice decided to terminate Mr. Griffin's EMS practice privileges in Orange County. She said the sum of violation of multiple protocols and procedures made her decide to terminate Mr. Griffin's EMS practice privileges in Orange County. Dr. Brice said she had never had a paramedic violate so many protocols/policies at once.

When asked about terminating other paramedics' EMS practice privileges since becoming EMS Medical Director, Dr. Brice said she had never before, in her role as EMS Medical Director, terminated an individual's practice privileges. She had taken action involving several paramedics' ability to practice EMS, from requiring remediation to suspending privileges. One example she gave was temporary suspension of practice privileges of a paramedic who did not transport an intoxicated patient. The patient's outcome was not negative but Dr. Brice insisted protocols must be followed.

When asked about specific protocol/policy violations described in Ms. Moore's letter to Mr. Griffin's attorney (Attachment 2), Dr. Brice indicated she had no knowledge of that letter or its content. Without allowing her to view the letter or Ms. Moore's explanation of how Mr. Griffin allegedly violated protocols/policies, Mr. Cobb asked Dr. Brice if Mr. Griffin violated the Hyperthermia protocol on August 12, 2008 when responding to patient [REDACTED]. She said yes because the protocol would cover conditions ranging from heat cramps to heat exhaustion to heat stroke and any of those three conditions would require the patient to receive assessment/treatment not given by Mr. Griffin. Mr. Cobb asked Dr. Brice if Mr. Griffin violated protocols as listed below on August 12, 2008. Her answers are listed beside the protocol/policy:

Universal Patient Care protocol.....	yes (violated)
Referral Policy .....	yes (violated)
Documentation of Patient Care Report policy....	unsure at time of interview
Disposition policy.....	yes (violated)
Protocol Adherence policy.....	yes (violated)
Transport policy.....	unsure at time of interview.

Dr. Brice said she considered Mr. Griffin to be a good paramedic but she would not allow him to continue practicing EMS in Orange County after violating so many protocols. She said paramedics in Orange County are held to a higher standard due to the way their EMS System is set up. She said the Orange County EMS System practice model requires a high level of independent, critical thinking. Dr. Brice said she

thought Mr. Griffin was capable of functioning as a paramedic in a neighboring county, another state, or anywhere except Orange County because of the requirements of the EMS System. She also said she would be willing to allow Mr. Griffin to function at a lower level in the Orange County EMS System or repeat the orientation and preceptor program for reinstatement of privileges if continued employment with the county was an option for him.

Dr. Brice would not review content of the Patient Care Report received by the OEMS from Mr. Donald Strickland (Attachment 13), stating it contained protected health information. She did, however, review the document enough to confirm it appeared to be an Orange County EMS Patient Care Report or at least matched formatting she expected.

### List of Attachments

Attachment #	Description	Comments
1	Letter from Dr. Brice to James A. Griffin	August 22, 2008
2	Letter from Orange County Staff Attorney to James A. Griffin's attorney	August 27, 2008
3	Letter from Kim Woodward to OEMS	Received August 27, 2008
4	OEMS investigation letter to James A. Griffin	August 28, 2008
5	Letter from [REDACTED] attorney to OEMS	Received September 18, 2008
6	Letter from OEMS to Orange County Emergency Services	September 22, 2008
7	Interview Disclosure Statement- Griffin	October 13, 2008
8	Selected Orange County protocols/policies- on file with OEMS	Received March 2007
9	Letter from Kim Woodward to OEMS	Received October 17, 2008
10	[REDACTED] phone record and related e-mail	Received October 21, 2008
11	Letter from OEMS to Orange County Emergency Services	October 21, 2008
12	Selected Orange County EMS protocols/policies- received from Orange County	Received October 21, 2008
13	Interview Disclosure Statement- Brice	October 24, 2008
14	Patient Care Report	Received October 23, 2008
15	[REDACTED] Autopsy Report	Received March 18, 2009

## Findings

1. James A. Griffin (P017293) holds a valid North Carolina EMT-Paramedic credential. This credential expires June 30, 2011:
2. James A. Griffin is not affiliated with an EMS agency in North Carolina at the time of this report.
3. James A. Griffin responded as an employee of Orange County Emergency Services to patient [REDACTED] on August 12, 2008.
4. James A. Griffin violated Orange County EMS protocols/policies on the August 12, 2008 response to patient [REDACTED]
5. After review of Mr. Griffin's actions on the August 12, 2008 response to patient [REDACTED], Dr. Jane Brice, Orange County EMS Medical Director, terminated the practice privileges of James A. Griffin.
6. Dr. Brice stated her decision to terminate practice privileges was based on total number of violations of protocols/policies. Based on the Orange County EMS System practice model, the sum of protocol/policy violations crossed a threshold Dr. Brice deemed unacceptable for the Orange County EMS System.
7. Based on interview statements provided by Dr. Brice, James A. Griffin had not performed acts indicating violation of 10A NCAC 13P .0701 (e)(8).
8. Based on interview statements, Dr. Brice is willing to support Mr. Griffin functioning at the EMT-Paramedic level in other EMS Systems.
9. Based on interview statements, Dr. Brice would be willing to support Mr. Griffin in efforts to re-enter the Orange County EMS System upon completion of a new employee orientation program, should employment be an option afforded him by the county.

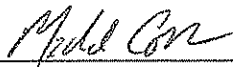


## Conclusions

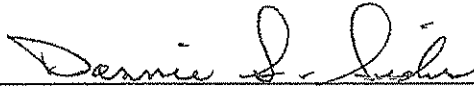
1. Mr. James A. Griffin violated Orange County EMS protocols/policies during his response to a call from patient [REDACTED] on August 12, 2008.
2. Because of the Orange County EMS System practice model, the sum of these violations resulted termination of Mr. Griffin's practice privileges.
3. Based on the EMS Medical Director's statements, her termination of Mr. Griffin's practice privileges was not a result of lack of competence to practice as a paramedic but were punitive as a result of his failure to adhere to Orange County EMS protocols/policies. The evidence does not confirm allegations of this complaint are indicative of violation of 10A NCAC 13P .0701 (e)(8).

## Investigative Team Acknowledgements

The investigative team has completed its comprehensive investigation of all issues relevant to the James A. Griffin complaint. The investigative team asserts that all information as written within this report is an accurate and factual summary of events as reported to the team during the investigation and unanimously concurs with the findings and conclusions as documented within this report.



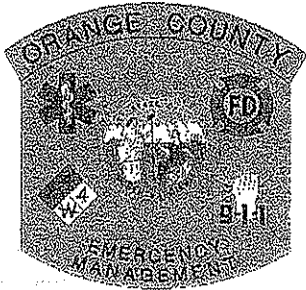
Michael Cobb, Regional Manager / Lead Investigator



Donnie Sides, Operations Manager

## Attachment 1

10/1/2020



ORANGE COUNTY  
MEDICAL DIRECTOR STAFF  
PO Box 8181  
Hillsborough, NC 27278

Jane H. Brice MD, MPH  
Medical Director  
brice@med.unc.edu  
966-6440

Frank Montes De Oca  
Director Emergency Services  
fmontesdeoca@co.orange.nc.us  
968-2050

David Silfen EMT-P  
Training Officer  
dsilfen@co.orange.nc.us  
968-2050

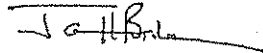
Kim Woodward EMT-P  
Captain  
kwoodward@co-orange.nc.us  
968-2050

August 22, 2008

James Griffith EMT-P  
Paramedic  
[REDACTED]  
[REDACTED]  
[REDACTED]

Dear James:

In response to concerns about your EMS response to [REDACTED] on August 12, 2008, I have reviewed the appropriate documentation as well as the findings of the peer review panel. It is my opinion that you violated Orange County protocols in your care of this patient. As a result, I am, as of this date, terminating your paramedic practice privileges in Orange County and referring this case to the North Carolina State Office of EMS for disciplinary review.



Jane H. Brice MD, MPH  
Medical Director  
Orange County Emergency Services

Cc: Kim Woodward, Captain Orange County Emergency Services  
Frank Montes De Oca, Colonel, Orange County Emergency Services

## Attachment 2

HUG. 21. 2000 11-11-11 11-11-11

ORANGE COUNTY

HILLSBOROUGH  
NORTH CAROLINA

*Manager's Office*

*Established 1752*

August 27, 2008

by Facsimile at 919-644-0268

Judith K. Guibert, Attorney at Law  
Post Office Box 280  
100 N. Churton Street, Suite 240  
Hillsborough, North Carolina 27278

RE: James Griffin

Dear Ms. Guibert:

Colonel Montes de Oca, Director of Orange County Medical Services has asked that I respond to your letter, faxed to us on August 26, 2008. The letter, on behalf of your client, James Griffin responding to the Notice of Pre-Disciplinary Conference sent August 25, 2008 requested the following documents or information:

- (1) That "specific conduct be identified, or the specific criteria in the referenced protocol and policies by clarified" in order to provide your client the opportunity of a meaningful response;
- (2) A copy of the peer review;
- (3) A statement from the medical student observer;
- (4) The medical director's decision;
- (5) ["Written] confirmation that documentation of the investigation and termination proceedings will not be included in the personnel file provided to prospective employers" if your client resigns prior to termination and "signs a waiver and request allowing a prospective employer access to his personnel file; and
- (6) A copy of your clients Personnel file.

Specific Criteria of Policies and Protocols referenced in Notice of Pre-Disciplinary Conference

During the Peer Review your client informed the committee that he was operating under the "heat related emergency" Protocol (Hypothermia Protocol # 55). Based on that information below you will find a detailed list of the protocol violations that include, but may not be limited to:

1. Protocol 14 - Universal Patient Care
  - a. Patient vital signs were either not taken or not repeated in accordance with Protocol 14.

AREA CODE (919) 245-2300 • 688-7331 • FAX (919) 644-3004  
Ext. 2300

2. Protocol 55 - Hyperthermia

- a. Patient vital signs were not taken as required by Protocol 55; and
- b. Did not follow the disposition section of the Hyperthermia protocol.

3. Policy 19 - Referral Policy All patients evaluated and not transported by Orange County EMS must be provided with an appropriate referral.

- a. A complete and thorough medical evaluation of the patient was not done.
- b. Did not document an appropriate time frame in which the patient should see a physician.
- c. Released a minor patient to "self" and did not successfully contact the patient's legal guardian. (See also Policy 19, section 3, 5, and 9)
- d. Did not contact Medical Control or the patient's physician. (See Policy 17, Section 7).

4. Policy 9 - Documentation of the Patient Care Report - A patient care report form will be completed accurately and legibly to reflect the patient assessment, patient care and interaction between the OCBMS and the patient.

- a. Did not document the Emergency Medical Dispatch (EMD) card number on patient care report and complete an examination of the patient as required by the hyperthermia protocol.

5. Policy 7 - Disposition - A providers should err on the side of patient safety and assume an implied request for evaluation if the patient is not legally competent. A minor is not legally competent "due to age."

- a. The patient was a minor and not legally competent "due to age."

6. Policy 18 - Protocol Adherence - Protocols are treatment guidelines that provide a framework for patient care. Deviations from established protocol should be documented and discussed with the medical Director at the earliest convenience.

- a. Failed to document deviation from the established protocol.
- b. Failed to discuss the deviations with medical control.
- c. Failed to report the issue to his supervisor.

7. Policy 24 - Transport - Individuals served by OCEMS will be evaluated and furnished transportation (if indicated or requested) in the most timely and appropriate manner for the situation.

- a. Protocol 55, hyperthermia indicated that the proper disposition for the patient was transport. Patient was not transported or referred to an alternative transport provider.

Copy of Peer Review, Medical Director's Decision and Personnel File

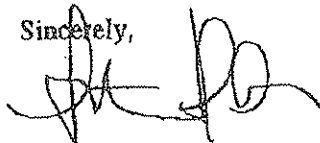
A copy of the personnel file of your client, as provided by N.C.G.S. §153A-98, can be provided to you by the Orange County Human Resource Office. Included in the personnel file is the Peer Review with any "patient identifiable information" redacted as per N.C.G.S. §143-518 and the Medical Director's Decision. You have requested that we fax you these document however, the file is too large to be faxed. I would suggest that you contact the Human Resource Department at (919) 245-2250 to get a copy of the file.

Written Confirmation that documentation of investigation and termination proceedings will not be in client file provided to prospective employees if your client resigns and signs a waiver and request allowing a prospective employer access to his personnel file.

As your client continues to go through this process these documents become part of his personnel file. Any such written confirmation, if it occurs at all, would be a part of a settlement agreement that would have to be approved by the Orange County Board of Commissioners. At this time we cannot provide such written confirmation.

Any additional documents or information requested and not provided was produced at the direction of legal counsel and as such is attorney work product. Such statements are not a part of the Pre-Disciplinary Conference. Please let me know if you have any additional question.

Sincerely,

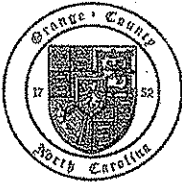


Annette M. Moore, Staff Attorney

Cc: Frank Montes de Oca, Emergency Services Director  
Geoffrey Gledhill, County Attorney



## Attachment 3



**ORANGE COUNTY  
EMERGENCY SERVICES**

P. O. Box 8181  
Hillsborough, NC 27278

**Colonel F. Rojas Montes de Oca, Jr.**  
Director

**Clint Osborn, Acting Major**  
Planning and Logistics

**Gwen Snowden, Major**  
Finance and Administration

**Mike Tapp, Major**  
Fire Loss Management/Fire Marshal

919-968-2050 (Office)  
919-933-2600 (24 hours)  
919-968-4066 (Fax)

[www.co.orange.nc.us](http://www.co.orange.nc.us)

**Care • Serve • Survive**

Michael Cobb, Regional Manager  
120 Penmarc Drive, Suite 108  
Raleigh, NC 27603

Mr. Cobb,

A peer review panel was convened for James Griffin for failure to follow Orange County Emergency Medical Services Protocols on August 12, 2008. After careful examination of appropriate documentation as well as the findings of the peer review panel Dr. Jane Brice has terminated the practice privileges of James Griffin, Paramedic effective Friday, August 22, 2008.

Sincerely,

A handwritten signature in black ink, appearing to read "Kim Woodward", is written over a horizontal line.

Kim Woodward, NREMT-P  
Orange County EMS Operations Manager

*rec'd Aug 27, '08*  
*MC*

## Attachment 4

7005 1160 0002 1334 9240

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here  
8/29/08

**James A. Griffin**  
[Redacted]  
[Redacted]

PS Form 3800, June 2002 See Reverse for Instructions



Department of Health and Human Services  
Health Service Regulation  
Office of Emergency Medical Services  
Raleigh, North Carolina 27699-2717  
Internet [www.ncems.org](http://www.ncems.org)

Drexdal R. Pratt, Chief  
Michael Cobb, Manager  
Phone: 919-715-2321  
FAX: 919-715-0498

**CERTIFIED MAIL**

August 28, 2008

James A. Griffin  
[Redacted]  
[Redacted]

Dear Mr. Griffin:

This letter is to inform you that the Office of Emergency Medical Services (OEMS) has received a complaint against you alleging violation of the Rules of the North Carolina Medical Care Commission, **10A NCAC 13P .0701(e)(8)** *lack of competence to practice with a reasonable degree of skill and safety for patients including but not limited to a failure to perform a prescribed procedure, failure to perform a prescribed procedure competently or performance of a procedure that is not within the scope of practice of credentialed EMS personnel or EMS instructors.*

The alleged violation occurred when you failed to follow applicable protocols on August 12, 2008. Based on this information our office has determined an investigation is warranted into the circumstances surrounding this allegation.

You will be contacted in the near future to establish a date and time for an interview. At this meeting you will be asked to provide insight on the specific details surrounding this allegation. If you have any questions or need additional information please contact me at (919) 715-2321.

Sincerely,

*Michael Cobb*

Michael Cobb, Manager  
Central Regional Office of EMS

- c: Dr. Jane Brice  
Kim Woodward  
Regina Godette-Crawford  
Kim Cole



Location: 120 Penmarc Drive, Suite 108, Raleigh, N.C. 27603  
An Equal Opportunity / Affirmative Action Employer



## Attachment 5

TWIGGS BESKIND  
STRICKLAND RABENAU

NORTH CAROLINA TRIAL ATTORNEYS

DONALD R. STRICKLAND  
strickland@nctrial.com

September 17, 2008

RECEIVED  
SEP 18 2008  
OFFICE OF EMS

Mr. Drexdal Pratt  
Chief, North Carolina Office of  
Emergency Medical Services  
2707 Mail Service Center  
Raleigh, NC 27699-2707

Re: [REDACTED] and Orange County EMS

Dear Mr. Pratt:

I am writing to let you know that my partner Karen Rabenau and I represent the Estate of [REDACTED]. I understand that you and other state investigators are conducting an investigation to determine whether Orange County EMS, and particularly paramedic James Griffin who responded to [REDACTED] 11 call for help, followed proper protocols. We have some information that may be helpful to your investigation.

As you know, James Griffin's narrative report of his call indicated that he tried to reach both parents at work and states that he called [REDACTED] at [REDACTED] and [REDACTED]. We have a copy of [REDACTED] cell phone records for the number cited in James Griffin's report and there is no record of James Griffin placing a call to [REDACTED] cell phone as he claims. In addition, [REDACTED] has worked at [REDACTED] for [REDACTED] years. The phone number listed by James Griffin as the one he called to get in touch with [REDACTED] is her direct line and that number has a voice mail function. [REDACTED] was at her office all afternoon on August 12<sup>th</sup> and she never received a phone call from James Griffin and there was no voice mail message from him. It appears, based on the evidence we have received so far, that James Griffin is not being truthful in his claim that he tried to contact [REDACTED] parents.

Please give me a call to discuss these and other issues that may be helpful in your investigation.

Mr. Drexdal Pratt  
September 17, 2008  
Page Two of Two

I hope you are well. Best regards..

Sincerely,

A handwritten signature in black ink, appearing to read 'Donald R. Strickland', with a long horizontal line extending to the right.

Donald R. Strickland

cc:

A black rectangular redaction box covering several lines of text.

## **Attachment 6**





North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Central Regional Office of Emergency Medical Services  
2717 Mail Service Center Raleigh, North Carolina 27699-2717  
Internet [www.ncems.org](http://www.ncems.org)

Michael F. Easley, Governor  
Dempsey Benton, Secretary

Drexdal R. Pratt, Chief  
Michael Cobb, Manager  
Phone: 919-715-2321  
FAX: 919-715-0498

September 22, 2008

Kimberly Woodward  
Orange County EMS System Administrator  
PO Box 8181  
Hillsborough, NC 27278

Dear Ms. Woodward:

The OEMS is conducting an investigation of possible violation of EMS Rules of the North Carolina Medical Care Commission. The subject of this investigation is Mr. James A. Griffin.

We request the following documents to assist our agency with completion of the investigation:

A copy of the patient care report and any related attachments from Mr. Griffin's August 12, 2008 response to patient [REDACTED]

Please contact me at the number shown above with any questions.

Sincerely,

Michael Cobb, Manager  
Central Regional Office of EMS

c: Regina Godette-Crawford  
Kim Cole



Location: 120 Penmarc Drive, Suite 108 • Raleigh, N.C. 27603  
An Equal Opportunity / Affirmative Action Employer



## Attachment 7

**North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Office of Emergency Medical Services**

**INTERVIEW DISCLOSURE STATEMENT**

North Carolina General Statute 143-508 requires the Department of Health and Human Services to enforce the Rules of the North Carolina Medical Care Commission. Under the authority of the Department, the Office of Emergency Medical Services (OEMS) is primarily responsible for the 10A NCAC 13P (Emergency Medical Services) rules. Additionally, the OEMS has the responsibility for investigating violations of the statutes contained under Article 7 of Chapter 131E.

The OEMS has received information that violations of statute or rule have occurred and has determined that it is necessary to conduct an interview to obtain factual information regarding the complaint. Additionally, the OEMS may require that the person being interviewed provide documentation pertinent to the subject of the investigation.

The interview is not a legal hearing, legal deposition, nor is the interview considered sworn testimony, but is strictly an administrative action necessary for obtaining factual information relevant to the issues under review. Since the interview is not being transcribed verbatim nor voice recorded, information provided will be included in the investigation report as a summary of the information. In addition to using the information gathered during the interview to determine the actions necessary by the OEMS, any information provided by the person being interviewed is subject to discovery and may be used in criminal or civil proceedings.

During the interview, only the person being interviewed shall be present in the room unless authorized by the OEMS investigator.

The person being interviewed may decline to participate or may terminate the interview at any time. However, should the person decline to participate, the OEMS shall document this and proceed with the investigative process. A written statement in lieu of a verbal interview will be accepted if this is considered to be more acceptable by the person being asked for information.

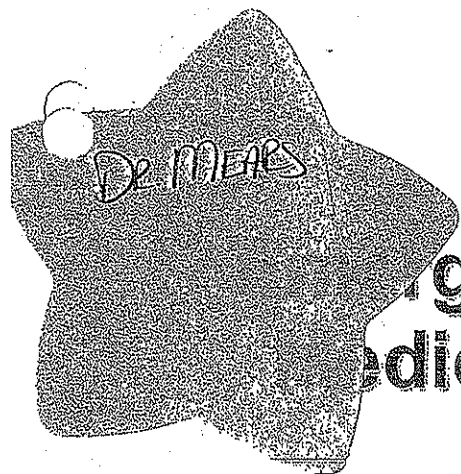
- ☒ I have read and fully understand this disclosure statement and **agree** to participate in the interview.
- ☐ I have read and fully understand this disclosure statement and **decline** to participate in the interview.

James Griffin  
Print Name

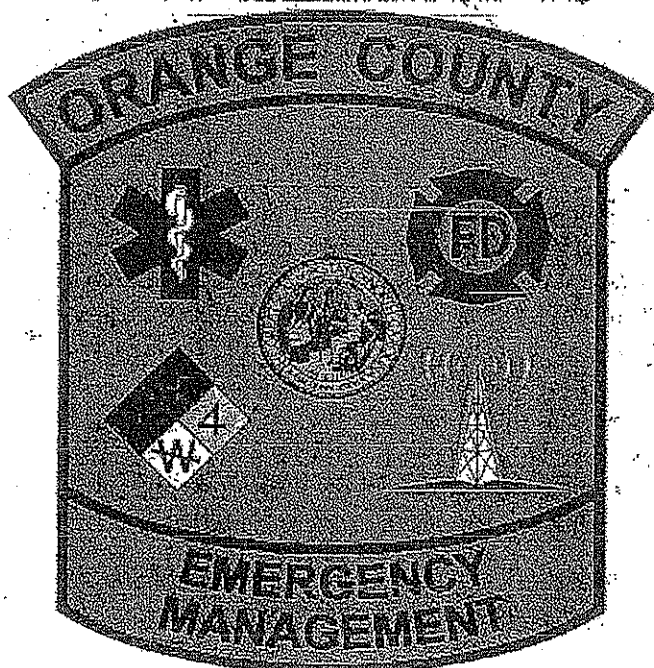
[Signature]  
Signature

10-13-2008  
Date

## Attachment 8

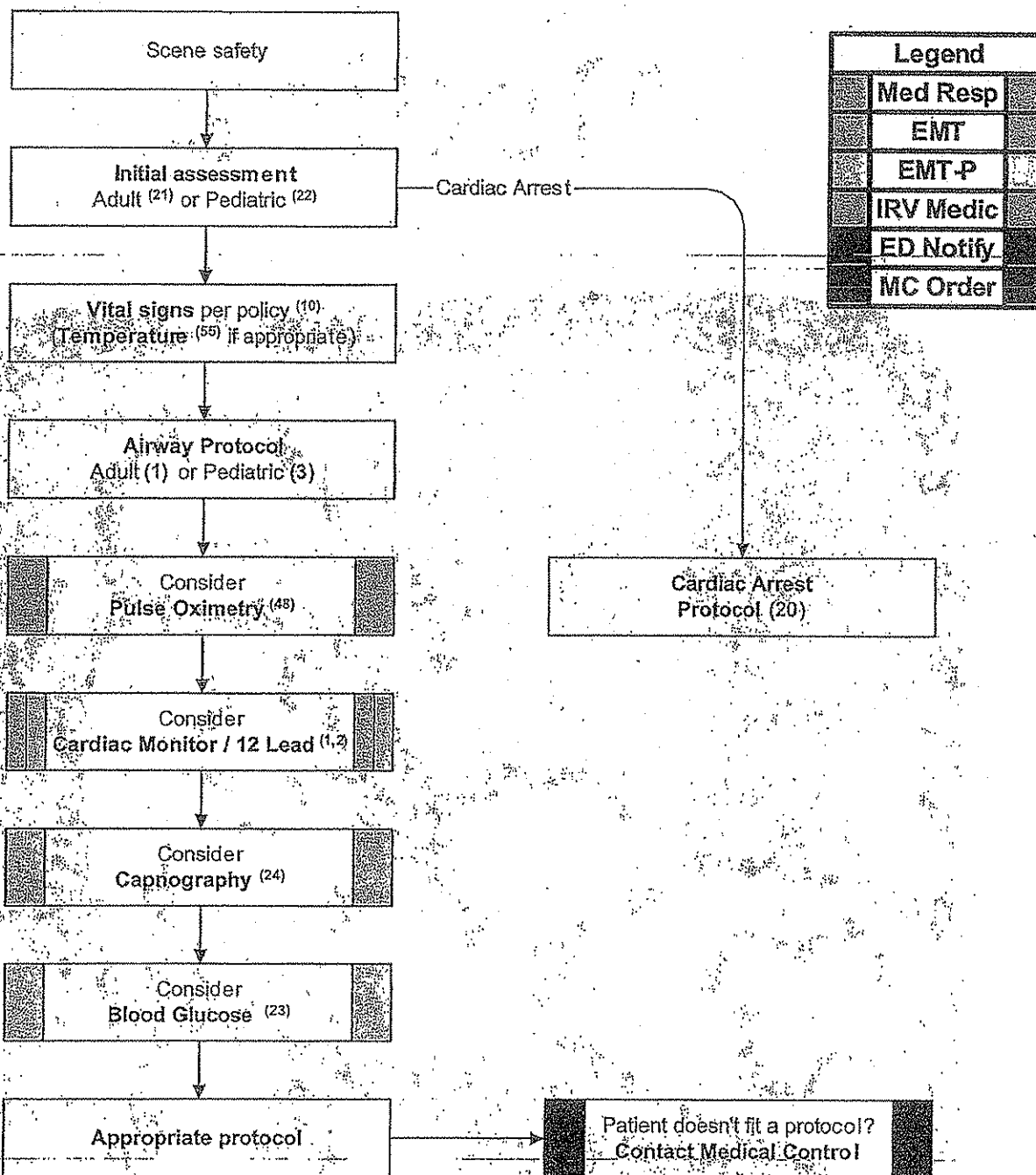


# 2006 Edition Emergency Medical Services Medical Practice Protocols



**Orange County NC  
Emergency Medical Services**

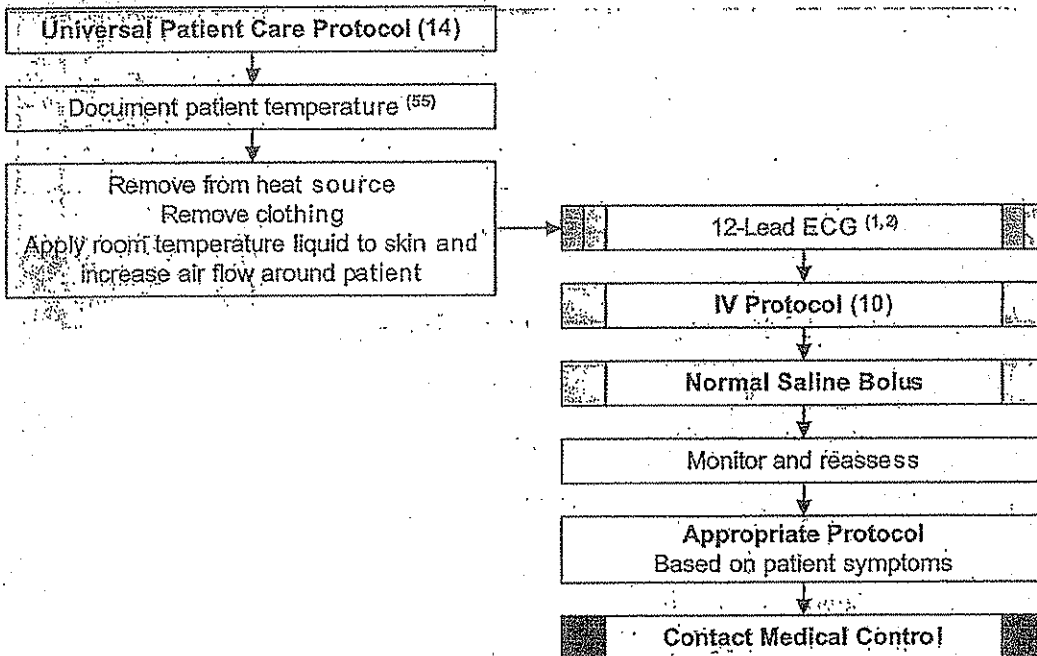
**University of North Carolina  
Hospitals**



**Pearls:**

- Any patient contact which does not result in an EMS transport must have a completed disposition form.
- Exam: Minimal exam if not noted on the specific protocol is vital signs, mental status, and location of injury or complaint.
- Required vital signs on every patient include blood pressure, pulse, respirations, pain / severity.
- Pulse oximetry and temperature documentation are dependent on the specific complaint.
- Timing of transport should be based on patient's clinical condition and the transport policy.
- Orthostatic vital sign procedure should be performed in situations where volume status is in question.

<b>History:</b> <ul style="list-style-type: none"> <li>• Age</li> <li>• Exposure to increased temperatures and / or humidity</li> <li>• Past medical history / medications</li> <li>• Extreme exertion</li> <li>• Time and length of exposure</li> <li>• Poor PO intake</li> <li>• Fatigue and / or muscle cramping</li> </ul>	<b>Signs and Symptoms:</b> <ul style="list-style-type: none"> <li>• Altered mental status or unconsciousness</li> <li>• Hot, dry or sweaty skin</li> <li>• Hypotension or shock</li> <li>• Seizures</li> <li>• Nausea</li> </ul>	<b>Differential:</b> <ul style="list-style-type: none"> <li>• Fever (Infection)</li> <li>• Dehydration</li> <li>• Medications</li> <li>• Hyperthyroidism (Storm)</li> <li>• Delirium tremens (DT's)</li> <li>• Heat cramps</li> <li>• Heat exhaustion</li> <li>• Heat stroke</li> <li>• CNS lesions or tumors</li> </ul>
--	--	--



Legend	
	Med Resp
	EMT
	EMT-P
	IRV Medic
	ED Notify
	MC Order

**Pearls:**

- **Exam:** Mental Status, Skin, HEENT, Heart, Lungs, Neuro
- Extremes of age are more prone to heat emergencies (i.e. young and old).
- Predisposed by use of: tricyclic antidepressants, phenothiazines, anticholinergic medications, and alcohol.
- Cocaine, Amphetamines, and Salicylates may elevate body temperatures.
- Sweating generally disappears as body temperature rises above 104° F (40° C).
- Intense shivering may occur as patient is cooled.
- **Heat Cramps** consists of benign muscle cramping 2° to dehydration not associated with an elevated temperature.
- **Heat Exhaustion** consists of dehydration, salt depletion, dizziness, fever, mental status changes, headache, cramping, nausea and vomiting. Vital signs usually consist of tachycardia, hypotension, and an elevated temperature.
- **Heat Stroke** consists of dehydration, tachycardia, hypotension, temperature >104° F (40° C), and altered mental status.
- Rhabdomyolysis (evidenced by tea-colored urine and muscle pain) can result from overexertion and overheating.

**Disposition:**

<b>EMS Transport:</b>	<b>ALS:</b>	Mental Status Changes Temperature >101° F	Hypotension Orthostatic Changes	Seizures Significant Dehydration
	<b>BLS:</b>	Nausea and Vomiting	Dehydration	Severe Cramping
<b>MD Within 4 Hours:</b>	Patient without above conditions and limited improvement with hydration and cooling			
<b>MD Within 24 Hours:</b>	All other patients			



## Referral



All patients who are evaluated and not transported by Orange County EMS must be provided with an appropriate referral. A disposition (patient discharge instruction form) form including the patient instruction section will be completed for these patients.

### Purpose:

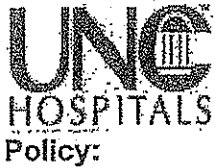
The purpose of this policy is to:

- Provide for appropriate referral of patients.
- Protect against liability for the EMS system.

### Procedure:

1. After completing a thorough medical evaluation of the patient, appropriate referrals are made with compliance to the corresponding protocol.
2. Appropriate documentation of the referral form includes the following:
  - a. Time frame in which the patient should see a physician.
  - b. To whom the patient is being released.
  - c. Patient Discharge instructions.
  - d. Any other pertinent instructions relating to referral decision.
3. Decision to refer a patient to alternative destinations should be medically directed and follow established Orange County protocols. The decision not to transport a patient to the emergency department should never be financially motivated or system-driven.
4. Any suggestion or discussion of alternatives that results in a destination other than the emergency department is a referral.
5. If the paramedic recommends transport to the emergency department and the patient refuses, the paramedic should ensure the patient is competent to make decisions.
6. If the patient is deemed competent, the paramedic explains the nature of the medical condition and the potential consequences of refusing transport. If the patient continues to refuse, the patient's wishes must be honored and the situation well documented.
7. Medical Control and/or the patient's physician can be employed to assist in the discussion of potential consequences.
8. The paramedic should explain the refusal form including instructions and release of liability to the patient.
9. Appropriate documentation of refusal should include:
  - a. Instructions and release of liability to the patient.
  - b. Signature of patient or legal guardian.
  - c. Signature by witness.
10. A referral requires the agreement of the patient. A patient who, in spite of offers of alternative transport or destination, continues to insist on EMS transport will be transported to the closest appropriate facility by EMS.





## Documentation of the Patient Care Report



An Orange County EMS patient care report form (PCR, appendix A) will be completed accurately and legibly to reflect the patient assessment, patient care and interactions between OCEMS and the patient, for each patient contact which results in some assessment component.

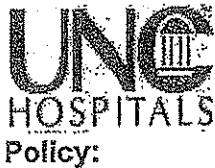
### Purpose:

To document:

- The total patient care provided
  - (a) Mechanism of injury
  - (b) Scene grid, dispatch complaint, and EMD card number
  - (c) Care provided prior to OCEMS arrival
  - (d) Exam of the patient as required by each specific complaint based protocol
  - (e) Past medical history, medications, allergies, living will / DNR, and personal MD
  - (f) All times related to the event
  - (g) All procedures and their associated time
  - (h) All medications administered with their associated time
  - (i) Disposition and / or transport information
  - (j) All communication with medical control
  - (k) Signature of technicians providing care
  - (l) Signature of treatment authorization if any deviation from protocol
- Reason for inability to complete or document any above item

### Procedure:

1. The narrative will be written using the CHARTE format (see procedure 28) using approved Orange County EMS abbreviations (appendix K).
2. All patient interactions are to be recorded on the patient care report form or the disposition form (if refusing care).
3. The patient care report form must be completed with the above information.
4. A copy of the patient care report form should be provided to the receiving medical facility.
5. A copy of the patient care report form is filed at the Orange County EMS office.
6. **Documentation will be completed prior to leaving the destination facility** unless call demand dictates otherwise, in which case documentation must be completed prior to the end of the personnel's shift.



## Disposition



All patient encounters responded to by Orange County EMS will result in the accurate and timely completion of the appropriate patient care report and/or patient discharge instruction (disposition) form (appendices A and B).

### Purpose:

To provide for the documentation of:

- The evaluation and care of the patient.
- The patient's refusal of the evaluation, treatment, and/or transportation.
- The patient's discharge (disposition) instructions.
- The patient's encounter to protect Orange County EMS and its personnel from undue risk and liability.

### Procedure:

1. A patient is defined as any individual that requests evaluation by EMS. If an individual is not legally competent due to age, injury, illness, intoxication, etc., providers should err on the side of patient safety and assume an implied request for evaluation.
2. All patient encounters, which result in some component of an evaluation, must have a patient care report completed. Any patient who requests to be transported by EMS after an explanation of treatment/transportation options will be transported as a patient. All patients who refuse any component of the evaluation or treatment, based on the complaint, must have a disposition (patient discharge instruction form) completed.
3. All patients who are not transported by Orange County EMS must have a disposition (patient discharge instruction form) completed including the patient instruction section.
4. All patients transported by Orange County EMS must be transferred to the care of the receiving facility. The transfer of care requires the communication, at the time of transfer, of the history, assessment, and treatment rendered by EMS in both a verbal and written form. Under special circumstances the provision of a written report can be delayed if the receiving personnel give permission. If such a delay is granted, a written report will be provided at the next available opportunity, but not later than 4 hours after the delivery of the patient.



## Protocol Adherence



### Policy:

Protocols are treatment guidelines that provide a framework for patient care. Personnel are expected to apply their training to provide excellent care for patients. No written guideline can address every possible situation or patient condition, and Orange County EMS personnel are expected to put the patient's interest first. Deviation from established protocol should be documented and discussed with the Medical Director at the earliest convenience.

Protocols are designed to enable provision of the most appropriate EMS care based on each patient's needs. The advanced differential and disposition components of each protocol are based on a defined program of initial training, continuing education, and ongoing quality management. Use of these protocols in any system outside of Orange County Emergency Medical Services is unproved and may result in an undue risk to the patient and to the EMS system as well as personnel involved.

### Purpose:

The purpose of this policy is to:

- Improve patient care in the prehospital setting
- Improve quality management
- Ensure compliance to protocols

### Procedure:

1. Assessment and Treatment for all patient encounters should be initiated based on the Orange County EMS Protocols.
2. All treatment should include the Universal Patient Care Protocol (protocol 14).
3. When possible, there should be discussion with Medical Control prior to any deviation from established protocols. If not immediately possible, the technician(s) should thoroughly document the situation, notify their supervisor, and discuss the incident with the Medical Director at the earliest possible time.
4. Unless otherwise authorized by the Medical Director, the Orange County NC EMS Protocols are for the use of personnel practicing as part of the Orange County NC EMS System. The use of these protocols outside of the scope of the Orange County EMS System is illegal and potentially dangerous.
5. Failure to comply with this policy may result in disciplinary action as described in the Orange County NC EMS Medical Disciplinary procedure.

All individuals served by Orange County EMS will be evaluated and furnished transportation (if indicated or requested) in the most timely and appropriate manner for the situation.

**Purpose:**

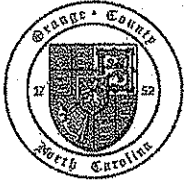
To provide:

- Rapid emergency EMS transport when needed.
- Appropriate medical stabilization and treatment at the scene when necessary.
- Appropriate non-EMS transport in non-emergent situations, based on availability.
- Protection of patients, Orange County EMS personnel, and citizens from undue risk when possible.

**Procedure:**

1. All trauma patients with mechanisms or history for multiple system trauma will be transported as soon as possible. The scene time should be 10 minutes or less. All patients meeting trauma center criteria will be transported to the nearest trauma center.
2. Medical patients will be transported in the most efficient manner possible considering the medical condition. Advanced life support therapy should be provided at the scene if it will positively impact patient care. Justification for scene times greater than 20 minutes should be documented. Patients meeting criteria for acute STEMI or acute stroke will be transported to an interventional catheterization capable facility or stroke center respectively.
3. Patients who do not require EMS transport, but will need further medical evaluation and/or care will be provided a disposition form and will be referred to an alternative transport provider. Alternative transport providers include public or private mass transit services, private vehicles, and franchised non-emergency providers. Depending on the situation, law enforcement may also be considered a transport provider.
4. Orange County EMS transports patients to the emergency department or in-patient care facilities. This does not include diagnostic facilities.
5. Routinely, Orange County EMS transports patients to the appropriate facility in Orange or adjacent counties.
6. No patients will be transported in initial response vehicles (IRVs).
7. In unusual circumstances, transport in other vehicles may be appropriate.

## Attachment 9



**ORANGE COUNTY  
EMERGENCY SERVICES**

P. O. Box 8181  
Hillsborough, NC 27278

**Colonel F. Rojas Montes de Oca, Jr.**  
Director

**Clint Osborn, Acting Major**  
Planning and Logistics

**Gwen Snowden, Major**  
Finance and Administration

**Mike Tapp, Major**  
Fire Loss Management/Fire Marshal

919-245-6100 (Office)  
919-933-2600 (24 hours)  
919-732-8130 (Fax)

[www.co.orange.nc.us](http://www.co.orange.nc.us)

Care • Serve • Survive

October 14, 2008

Michael Cobb, Regional Manager  
Central Regional Office of Emergency Medical Services  
2717 Mail Service Center  
120 Penmarc Drive, Suite 108  
Raleigh, NC 27603-2717

Mr. Cobb,

We are in receipt of your request for information to assist you in the investigation of a possible violation of EMS Rules of the North Carolina Medical Care Commission by James A. Griffin, dated September 22, 2008. You requested, "a copy of the patient care report and any related attachments from Mr. Griffin's August 12, 2008 response to patient [REDACTED]". We have forwarded your request to the Orange County Staff Attorney, Annette Moore. Ms. Moore advised us that the North Carolina General Statutes §143-518(a) provides medical records compiled and maintained by EMS providers in connection with "dispatch, response, treatment, or transport of individual patients" which contain patient identifiable information "shall be strictly confidential and are not considered public records." The Statute provides specific circumstances under which the County is authorized to release this information. It is my understanding you and Kim Cole spoke with Ms. Moore and informed her you were acting on behalf of the Emergency Medical Services Disciplinary Committee. We have found no circumstance that authorizes the release of the requested information to the Disciplinary Committee. We would like to cooperate fully with the Disciplinary Committee and be in compliance with the statute. Therefore, if you would provide us with the statutory authority OEMS has to obtain the documents requested and under what authority Orange County can release them we will be happy to comply with any request that you have. We look forward to hearing from you.

Sincerely,

Kim Woodward, NREMT-P  
Orange County EMS Operations Manager



## Attachment 10

Subject: [REDACTED] - Cell Phone Records

From: "Donald Strickland" <strickland@nctrial.com>

Date: Mon, 20 Oct 2008 16:57:10 -0400

To: <michael.cobb@ncmail.net>

CC: "Donald Strickland" <strickland@nctrial.com>, "Karen Rabenau" <rabenau@nctrial.com>

Michael, As we discussed today, I have attached the cell phone records of [REDACTED] which show that he did not receive a call to his cell number [REDACTED] as claimed by James Griffin in the narrative portion of his 8/12/08 EMS report. [REDACTED] has voice mail and there was no voice message from Mr. Griffin. The number at which James Griffin claims he called [REDACTED] is a direct line to her at work and she has voice mail. She was there all afternoon on August 12<sup>th</sup> and did not receive a call from Mr. Griffin and there was no voice message left at this number either.

I trust this is the information you wanted. If I can be of further assistance, please let me know.

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The information transmitted is intended only for the person or entity to which it is addressed and may contain confidential or privileged material. Any review, retransmission, dissemination of or reliance upon this information by any person or entity other than an intended recipient is prohibited. If you have received this in error, please contact the sender and delete the material from any computer. Thank you.

Cell Phone Record.pdf	Content-Description: Cell Phone Record.pdf
	Content-Type: application/octet-stream
	Content-Encoding: base64



**PAGE**

**REDACTED**

**PURSUANT TO**

**NORTH CAROLINA GENERAL STATUTE 143 – 518**

**CONFIDENTIALITY OF PATIENT INFORMATION**

## Attachment 11



North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Central Regional Office of Emergency Medical Services  
2717 Mail Service Center Raleigh, North Carolina 27699-2717  
Internet [www.ncems.org](http://www.ncems.org)

Michael F. Easley, Governor  
Dempsey Benton, Secretary

Drexdal R. Pratt, Chief  
Michael Cobb, Manager  
Phone: 919-715-2321  
FAX: 919-715-0498

October 21, 2008

Kimberly Woodward  
Orange County EMS System Administrator  
PO Box 8181  
Hillsborough, NC 27278

Dear Ms. Woodward:

The OEMS is conducting an investigation of possible violation of EMS Rules of the North Carolina Medical Care Commission. The subject of this investigation is Mr. James A. Griffin.

We request the following documents to assist our agency with completion of the investigation:

- the name and contact information for the medical student riding with Mr. James A. Griffin when he responded to patient [REDACTED] on August 12, 2008,
- the written statement of the medical student riding with Mr. James A. Griffin when he responded to patient [REDACTED] on August 12, 2008,
- August 12, 2008 phone records for the phone Mr. Griffin said he used in attempting to contact patient [REDACTED] parents on that date, and
- copies of the protocols/policies listed below as were in place on August 12, 2008:
  - Universal Patient Care protocol
  - Hyperthermia protocol
  - Referral policy
  - Documentation of the Patient Care Report policy
  - Disposition policy
  - Protocol Adherence policy
  - Transport policy.

Please contact me at the number shown above with any questions.

Sincerely,

Michael Cobb, Manager  
Central Regional Office of EMS

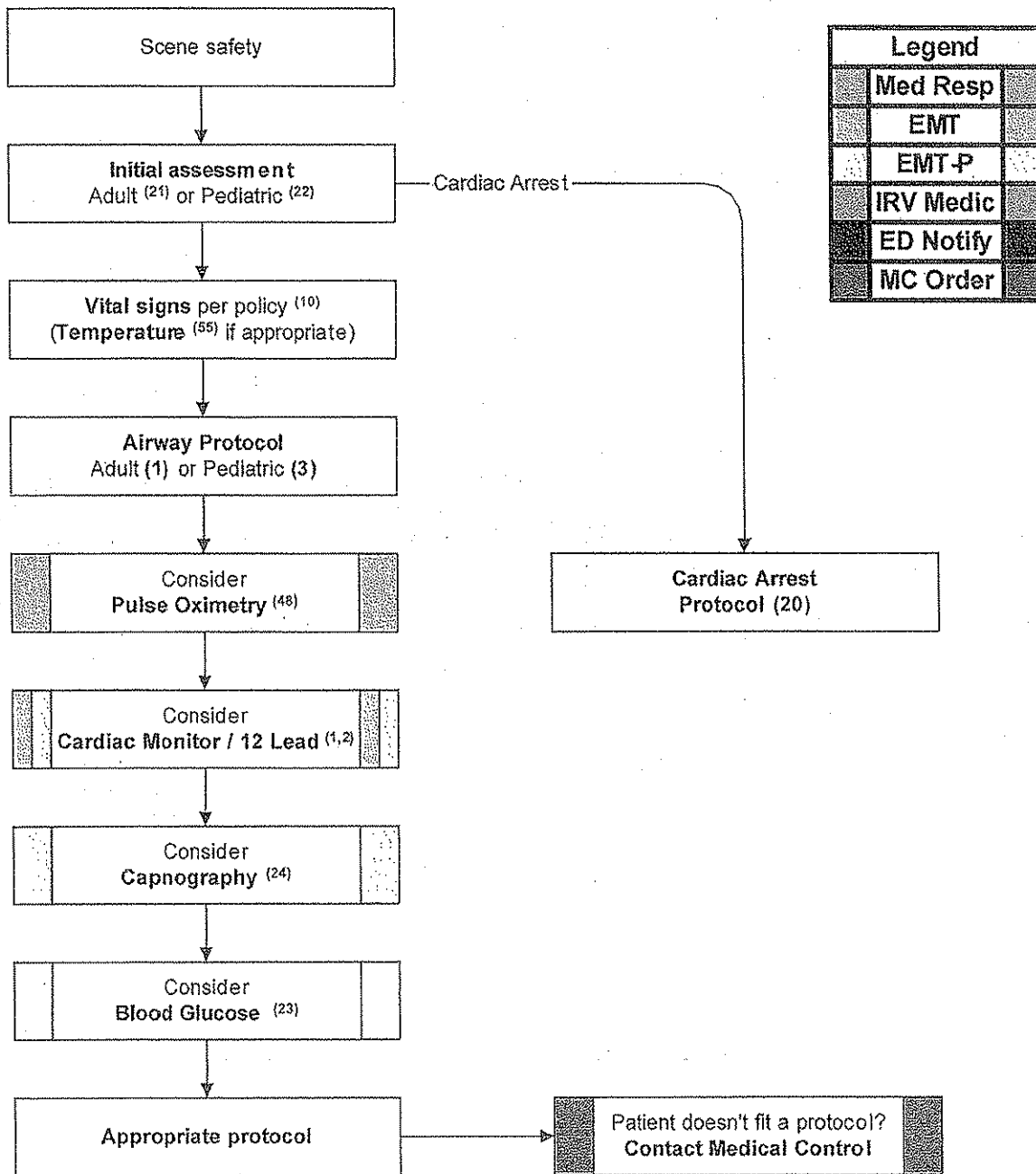
c: Regina Godette-Crawford  
Kim Cole



Location: 120 Penmarc Drive, Suite 108 Raleigh, N.C. 27603  
An Equal Opportunity / Affirmative Action Employer



## Attachment 12



**Pearls:**

- Any patient contact which does not result in an EMS transport must have a completed disposition form.
- Exam: Minimal exam if not noted on the specific protocol is vital signs, mental status, and location of injury or complaint
- Required vital signs on every patient include blood pressure, pulse, respirations, pain / severity.
- Pulse oximetry and temperature documentation are dependent on the specific complaint.
- Timing of transport should be based on patient's clinical condition and the transport policy (10).
- Orthostatic vital sign procedure should be performed in situations where volume status is in question.



Policy:

## Disposition



All patient encounters responded to by Orange County EMS will result in the accurate and timely completion of the appropriate patient care report and/or patient discharge instruction (disposition) form (appendices A and B).

### Purpose:

To provide for the documentation of:

- The evaluation and care of the patient.
- The patient's refusal of the evaluation, treatment, and/or transportation.
- The patient's discharge (disposition) instructions.
- The patient's encounter to protect Orange County EMS and its personnel from undue risk and liability.

### Procedure:

1. A patient is defined as any individual that requests evaluation by EMS. If an individual is not legally competent due to age, injury, illness, intoxication, etc., providers should err on the side of patient safety and assume an implied request for evaluation.
2. All patient encounters, which result in some component of an evaluation, must have a patient care report completed. Any patient who requests to be transported by EMS after an explanation of treatment/transportation options will be transported as a patient. All patients who refuse any component of the evaluation or treatment, based on the complaint, must have a disposition (patient discharge instruction form) completed.
3. All patients who are not transported by Orange County EMS must have a disposition (patient discharge instruction form) completed including the patient instruction section.
4. All patients transported by Orange County EMS must be transferred to the care of the receiving facility. The transfer of care requires the communication, at the time of transfer, of the history, assessment, and treatment rendered by EMS in both a verbal and written form. Under special circumstances the provision of a written report can be delayed if the receiving personnel give permission. If such a delay is granted, a written report will be provided at the next available opportunity, but not later than 4 hours after the delivery of the patient.



## Documentation of the Patient Care Report



An Orange County EMS patient care report form (PCR, appendix A) will be completed accurately and legibly to reflect the patient assessment, patient care and interactions between OCEMS and the patient, for each patient contact which results in some assessment component.

### Purpose:

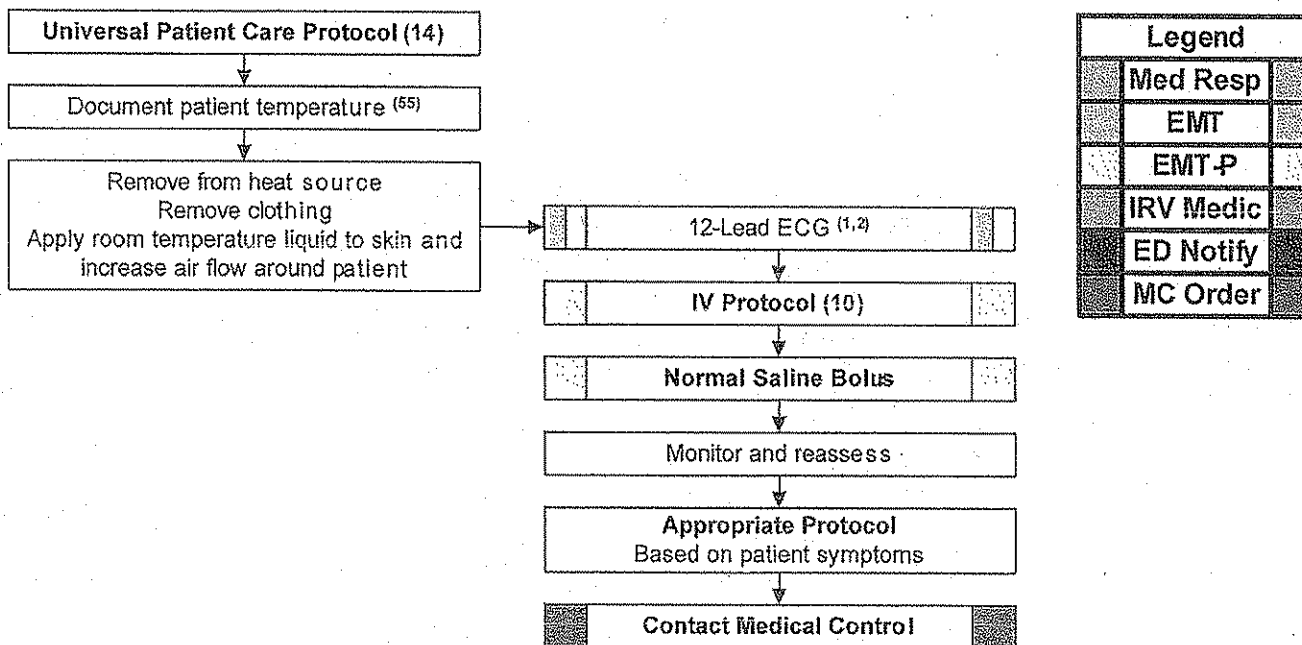
To document:

- The total patient care provided
  - (a) Mechanism of injury
  - (b) Scene grid, dispatch complaint, and EMD card number
  - (c) Care provided prior to OCEMS arrival
  - (d) Exam of the patient as required by each specific complaint based protocol
  - (e) Past medical history, medications, allergies, living will / DNR, and personal MD
  - (f) All times related to the event
  - (g) All procedures and their associated time
  - (h) All medications administered with their associated time
  - (i) Disposition and / or transport information
  - (j) All communication with medical control
  - (k) Signature of technicians providing care
  - (l) Signature of treatment authorization if any deviation from protocol
- Reason for inability to complete or document any above item

### Procedure:

1. The narrative will be written using the CHARTE format (see procedure 28) using approved Orange County EMS abbreviations (appendix K).
2. All patient interactions are to be recorded on the patient care report form or the disposition form (if refusing care).
3. The patient care report form must be completed with the above information.
4. A copy of the patient care report form should be provided to the receiving medical facility.
5. A copy of the patient care report form is filed at the Orange County EMS office.
6. **Documentation will be completed prior to leaving the destination facility** unless call demand dictates otherwise, in which case documentation must be completed prior to the end of the personnel's shift.

<b>History:</b> <ul style="list-style-type: none"> <li>• Age</li> <li>• Exposure to increased temperatures and / or humidity</li> <li>• Past medical history / medications</li> <li>• Extreme exertion</li> <li>• Time and length of exposure</li> <li>• Poor PO intake</li> <li>• Fatigue and / or muscle cramping</li> </ul>	<b>Signs and Symptoms:</b> <ul style="list-style-type: none"> <li>• Altered mental status or unconsciousness</li> <li>• Hot, dry or sweaty skin</li> <li>• Hypotension or shock</li> <li>• Seizures</li> <li>• Nausea</li> </ul>	<b>Differential:</b> <ul style="list-style-type: none"> <li>• Fever (Infection)</li> <li>• Dehydration</li> <li>• Medications</li> <li>• Hyperthyroidism (Storm)</li> <li>• Delirium tremens (DT's)</li> <li>• Heat cramps</li> <li>• Heat exhaustion</li> <li>• Heat stroke</li> <li>• CNS lesions or tumors</li> </ul>
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## Pearls:

- **Exam: Mental Status, Skin, HEENT, Heart, Lungs, Neuro**
- Extremes of age are more prone to heat emergencies (i.e. young and old).
- Predisposed by use of: tricyclic antidepressants, phenothiazines, anticholinergic medications, and alcohol.
- Cocaine, Amphetamines, and Salicylates may elevate body temperatures.
- Sweating generally disappears as body temperature rises above 104° F (40° C).
- Intense shivering may occur as patient is cooled.
- **Heat Cramps** consists of benign muscle cramping 2° to dehydration not associated with an elevated temperature.
- **Heat Exhaustion** consists of dehydration, salt depletion, dizziness, fever, mental status changes, headache, cramping, nausea and vomiting. Vital signs usually consist of tachycardia, hypotension, and an elevated temperature.
- **Heat Stroke** consists of dehydration, tachycardia, hypotension, temperature >104° F (40° C), and altered mental status.
- Rhabdomyolysis (evidenced by tea-colored urine and muscle pain) can result from overexertion and overheating.

## Disposition:

<b>EMS Transport:</b>	<b>ALS:</b>	Mental Status Changes Temperature >101° F	Hypotension Orthostatic Changes	Seizures Significant Dehydration
	<b>BLS:</b>	Nausea and Vomiting	Dehydration	Severe Cramping

**MD Within 4 Hours:** Patient without above conditions and limited improvement with hydration and cooling

**MD Within 24 Hours:** All other patients





## Protocol Adherence



### Policy:

Protocols are treatment guidelines that provide a framework for patient care. Personnel are expected to apply their training to provide excellent care for patients. No written guideline can address every possible situation or patient condition, and Orange County EMS personnel are expected to put the patient's interest first. Deviation from established protocol should be documented and discussed with the Medical Director at the earliest convenience.

Protocols are designed to enable provision of the most appropriate EMS care based on each patient's needs. The advanced differential and disposition components of each protocol are based on a defined program of initial training, continuing education, and ongoing quality management. Use of these protocols in any system outside of Orange County Emergency Medical Services is unproved and may result in an undue risk to the patient and to the EMS system as well as personnel involved.

### Purpose:

The purpose of this policy is to:

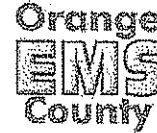
- Improve patient care in the prehospital setting
- Improve quality management
- Ensure compliance to protocols

### Procedure:

1. Assessment and Treatment for all patient encounters should be initiated based on the Orange County EMS Protocols.
2. All treatment should include the Universal Patient Care Protocol (protocol 14).
3. When possible, there should be discussion with Medical Control prior to any deviation from established protocols. If not immediately possible, the technician(s) should thoroughly document the situation, notify their supervisor, and discuss the incident with the Medical Director at the earliest possible time.
4. Unless otherwise authorized by the Medical Director, the Orange County NC EMS Protocols are for the use of personnel practicing as part of the Orange County NC EMS System. The use of these protocols outside of the scope of the Orange County EMS System is illegal and potentially dangerous.
5. Failure to comply with this policy may result in disciplinary action as described in the Orange County NC EMS Medical Disciplinary procedure.



## Referral



### Policy:

All patients who are evaluated and not transported by Orange County EMS must be provided with an appropriate referral. A disposition (patient discharge instruction form) form including the patient instruction section will be completed for these patients.

### Purpose:

The purpose of this policy is to:

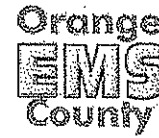
- Provide for appropriate referral of patients.
- Protect against liability for the EMS system.

### Procedure:

1. After completing a thorough medical evaluation of the patient, appropriate referrals are made with compliance to the corresponding protocol.
2. Appropriate documentation of the referral form includes the following:
  - a. Time frame in which the patient should see a physician.
  - b. To whom the patient is being released.
  - c. Patient Discharge instructions.
  - d. Any other pertinent instructions relating to referral decision.
3. Decision to refer a patient to alternative destinations should be medically directed and follow established Orange County protocols. The decision not to transport a patient to the emergency department should never be financially motivated or system-driven.
4. Any suggestion or discussion of alternatives that results in a destination other than the emergency department is a referral.
5. If the paramedic recommends transport to the emergency department and the patient refuses, the paramedic should ensure the patient is competent to make decisions.
6. If the patient is deemed competent, the paramedic explains the nature of the medical condition and the potential consequences of refusing transport. If the patient continues to refuse, the patient's wishes must be honored and the situation well documented.
7. Medical Control and/or the patient's physician can be employed to assist in the discussion of potential consequences.
8. The paramedic should explain the refusal form including instructions and release of liability to the patient.
9. Appropriate documentation of refusal should include:
  - a. Instructions and release of liability to the patient.
  - b. Signature of patient or legal guardian.
  - c. Signature by witness.
10. A referral requires the agreement of the patient. A patient who, in spite of offers of alternative transport or destination, continues to insist on EMS transport will be transported to the closest appropriate facility by EMS.



## Transport



### Policy:

All individuals served by Orange County EMS will be evaluated and furnished transportation (if indicated or requested) in the most timely and appropriate manner for the situation.

### Purpose:

To provide:

- Rapid emergency EMS transport when needed.
- Appropriate medical stabilization and treatment at the scene when necessary.
- Appropriate non-EMS transport in non-emergent situations, based on availability.
- Protection of patients, Orange County EMS personnel, and citizens from undue risk when possible.

### Procedure:

1. All trauma patients with mechanisms or history for multiple system trauma will be transported as soon as possible. The scene time should be 10 minutes or less. All patients meeting trauma center criteria will be transported to the nearest trauma center.
2. Medical patients will be transported in the most efficient manner possible considering the medical condition. Advanced life support therapy should be provided at the scene if it will positively impact patient care. Justification for scene times greater than 20 minutes should be documented. Patients meeting criteria for acute STEMI or acute stroke will be transported to an interventional catheterization capable facility or stroke center respectively.
3. Patients who do not require EMS transport, but will need further medical evaluation and/or care will be provided a disposition form and will be referred to an alternative transport provider. Alternative transport providers include public or private mass transit services, private vehicles, and franchised non-emergency providers. Depending on the situation, law enforcement may also be considered a transport provider.
4. Orange County EMS transports patients to the emergency department or in-patient care facilities. This does not include diagnostic facilities.
5. Routinely, Orange County EMS transports patients to the appropriate facility in Orange or adjacent counties.
6. No patients will be transported in initial response vehicles (IRVs).
7. In unusual circumstances, transport in other vehicles may be appropriate.

## Attachment 13

**North Carolina Department of Health and Human Services  
Division of Health Service Regulation  
Office of Emergency Medical Services**

**INTERVIEW DISCLOSURE STATEMENT**

North Carolina General Statute 143-508 requires the Department of Health and Human Services to enforce the Rules of the North Carolina Medical Care Commission. Under the authority of the Department, the Office of Emergency Medical Services (OEMS) is primarily responsible for the 10A NCAC 13P (Emergency Medical Services) rules. Additionally, the OEMS has the responsibility for investigating violations of the statutes contained under Article 7 of Chapter 131E.

The OEMS has received information that violations of statute or rule have occurred and has determined that it is necessary to conduct an interview to obtain factual information regarding the complaint. Additionally, the OEMS may require that the person being interviewed provide documentation pertinent to the subject of the investigation.

The interview is not a legal hearing, legal deposition, nor is the interview considered sworn testimony, but is strictly an administrative action necessary for obtaining factual information relevant to the issues under review. Since the interview is not being transcribed verbatim nor voice recorded, information provided will be included in the investigation report as a summary of the information. In addition to using the information gathered during the interview to determine the actions necessary by the OEMS, any information provided by the person being interviewed is subject to discovery and may be used in criminal or civil proceedings.

During the interview, only the person being interviewed shall be present in the room unless authorized by the OEMS investigator.

The person being interviewed may decline to participate or may terminate the interview at any time. However, should the person decline to participate, the OEMS shall document this and proceed with the investigative process. A written statement in lieu of a verbal interview will be accepted if this is considered to be more acceptable by the person being asked for information.

- ☒ I have read and fully understand this disclosure statement and **agree** to participate in the interview.
- ☐ I have read and fully understand this disclosure statement and **decline** to participate in the interview.

JANE H BRICE  
Print Name

J H Brice  
Signature

10-24-08  
Date

## Attachment 14

**ATTACHMENT**

**REDACTED**

**PURSUANT TO**

**NORTH CAROLINA GENERAL STATUTE 143 – 518**

**CONFIDENTIALITY OF PATIENT INFORMATION**

## Attachment 15



**ATTACHMENT**

**REDACTED**

**PURSUANT TO**

**NORTH CAROLINA GENERAL STATUTE 143 – 518**

**CONFIDENTIALITY OF PATIENT INFORMATION**