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# 101 Assessment of Prehospital Care with the Emergency Medicine Milestones

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**Introduction:** The ACGME milestones do not address prehospital care specifically. This omission may have a negative impact on residents- learning and evaluation in this area, so some assessment is still needed to ensure competency. Advanced Life Support (ALS) patients receiving online medical control who are triaged by a physician to Basic Life Support (BLS) tend to be complex and are associated with increased liability. We sought to determine whether a review of these patients could provide a simple and efficient way to identify proficiency gaps in emergency medicine (EM) resident prehospital care.

**Methods:** Design and Setting: A retrospective review of prehospital ALS patients who were triaged to BLS by an EM resident physician over a one-year period.

**Observations:** The medical records of all ALS patients who, via online medical control, were triaged by an EM resident to receive only BLS prehospital care were reviewed. The percent of those patients who were admitted subsequently to a monitored bed in the hospital was calculated with a 95% confidence interval (CI). These were considered “inappropriate triages.” Other charts were reviewed individually for the appropriateness of care.

**Results:** Out of 6,475 total ALS calls, 56 (0.9%; CI 0.6, 1.1) patients were triaged by EM residents to receive BLS prehospital care. Of those 56 patients, 27 (48%; CI 35, 61) were admitted to the hospital and 24 (43% (CI: 30, 56)) were considered “inappropriate triages” based on the fact that they were admitted to a monitored bed from the emergency department (ED). A chart review of the other 32 patients was easy and revealed no significant care deficiencies.

**Conclusion:** There are relatively few ALS patients who are triaged to BLS by EM residents. These patients tend to be complex and many are admitted to a monitored bed from the ED. The evaluation of only these patients seems to provide a simple and efficient way to assess EM resident proficiency in prehospital care.