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Lessons to learn from Fla. \$10M birth lawsuit outlined at EMS Expo

Captain and paramedic Steve LeCroy tells EMS Expo attendees facts they may not know about the April verdict

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DALLAS — The expert witness for the plaintiff in a \$10 million ambulance birth lawsuit outlined lessons other agencies should learn at EMS Expo on Wednesday.

A jury awarded the sum in April to a Volusia County, Fla., woman after finding the EVAC ambulance service negligent in the premature birth of a boy.

Steve LeCroy told the session that Margarita Chess, who was 26 weeks pregnant, arrived at Bert Fish Hospital at just after midnight Sept. 21, 2003, complaining of labor pain and contractions.

After examining her, an emergency room doctor ruled she had to go to another hospital as they had no birth center equipped to care for such a premature infant.

Halifax Medical Center in Daytona Beach was called, where the obstetrician said although it had a neonatal intensive care unit, it lacked some of the specialists required for babies born before 28 weeks' gestation.

It was then decided that a hospital one hour and 15 minutes away was the most suitable center, and an EVAC ambulance was called to transport Chess.

However, 15 minutes into the transport, Chess' waters broke. The paramedic directed the EMT driver to pull off the interstate to try to find a fire station for responder assistance — without luck — and the ambulance became lost in an unfamiliar area.

The boy, Addison, now 6 years old, was born in the back of the ambulance. He weighed 1.7 lbs and suffered a lack of oxygen to the brain, leaving him with cerebral palsy.

LeCroy said in a worst-case scenario such as this, an ambulance would need such equipment as a size 00 laryngoscope blade, a size 2 ET tube, a neonatal BVM and a warmer.

"None of which the ambulance had, all of which the ER had," LeCroy said.

Explaining how the original hospital would have been better prepared to deal with the patient, LeCroy outlined the most common complications of a newborn of this gestation — respiratory, temperature control and blood sugar.

"None of this could be handled in the back of the ambulance with the equipment they had; all of which was available at Bert Fish ER," LeCroy said.

The session was told the ambulance crew had several options when it first arrived at Bert Fish, including contacting its medical control/supervisor, requesting staff from the ER to ride along, requesting the ER call for a neonatal or critical care transport or assisting ER with delivery and care.

However, the crew didn't pursue any of those options, LeCroy said, and began transport.

"Was the level of care lowered at that point?" LeCroy asked the session. "Who was more knowledgeable about the equipment they carry — the doctor in the ER or the medics in the ambulance? How many doctors know what we carry on the ambulance?"

LeCroy is a captain and paramedic at St. Petersburg, Fla., Fire & Rescue, and is a court certified expert witness in EMS, with his most recent case being Chess vs. Evac, where he acted for the plaintiff.

"In this particular case, I was on the stand for eight hours," he said. "It was a long, drawn out process — it was pretty grueling."

During the session, he stressed he was not making personal attacks on the crew, and that from all accounts it is "very good and professional."

The hospitals and doctors in the case settled with Chess for \$1.4 million, but EVAC decided to go to trial.

When the \$10 million verdict was announced against EVAC, LeCroy said he saw a range of misinformed comments on EMS blogs and websites.

"It became obvious some people didn't have the facts," he said, "It's important people have the facts so they don't repeat what happened at this call."

Comments that were inaccurate, according to LeCroy, included:

"If the emergency room doctor says I can't manage this and you have to take this patient, a paramedic cannot disagree."

"We work from doctors orders. Doctors tell us what to do and we do it."

LeCroy said the crew should have contacted its supervisor/medical director to detail the condition of the patient, explain any concerns, who could have given the transport the go-ahead if they deemed it appropriate.

"I would have had my supervisor and medical director on the radio, on the phone, on a recorded line, telling me to do this," he said.

"I would've said we didn't have the equipment, didn't think it was safe."

LeCroy said the worst-case scenario became a reality in this case, but the crew had not considered it before beginning transport.

"Having taught paramedics over the past 25 years, I've always told them to expect the worst and work your way back," he said.

The session was told the crew did a "remarkable" job resuscitating the baby under the circumstances it found itself in.

"They did the best with what they had, but they set themselves up with the cascading events before that happened," LeCroy said.



Photo Jamie Thompson
Paramedic Steve LeCroy talks to EMS Expo session attendees in Dallas on Wednesday.

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