SIREMS Personnel,

This is an urgent message of caution regarding a concerning trend that has been observed in completion of Patient Care Reports with the use of Artificial Intelligence.

I have reviewed an extensive number of charts using AI assistance in generation of narratives. This trend has been seen for a couple of months across many EMS providers in multiple agencies. There is a large amount of concerning findings which will be highlighted in more detail soon but I would like to summarize some important points of caution:

- Relying on technology to formulate charts can result in diminished critical thinking skills and decreased clinical reasoning
- AI seems to generate boiler plate jargon that is completely irrelevant to the complaint or reason for the call
- There is rarely any further information aside from the dispatch reason in these AI generated notes about why EMS is even called to provide care
- There is rarely any documentation about the most basic yet critical pertinent negatives related to the complaint
- Boiler plate jargon unchecked by the lead EMS provider results in completely irrelevant and many times just plain untrue documentation
- Unchecked and simple insertion of such narratives exposes the entire EMS system to significant risk in the form of medical litigation as well as fraudulent coding and billing practices

I have a surplus of frightening charts full of examples that I will provide some outlandish examples of below:

- A 2 year old fall that “did not use alcohol or drugs”, but was “alert and oriented times 4”; no musculoskeletal exam documented, but a normal genitourinary exam was noted
- An 87 year old with “abnormal behavior” and documented history of strokes with no other information regarding the HPI, no stroke scale documented, and a drop-down box of a Neuro assessment that states “Normal baseline for patient”

- A 40 year old with syncope that “lasted 30 minutes” and resulted in “possible blunt injury” with quite literally no other pertinent information on such a concerning statement; no neurological exam, no mention of predictive symptoms, and no trauma assessment

There is no formal position from NAEMSP or ACEP regarding the use of AI in EMS charting, but strong cautions about the risks that I have introduced above have been published. I stand behind these strong recommendations and advise against the use of AI for generation of narratives that involve no editing from the EMS provider before being finalized. I acknowledge that AI and Advanced Language Model software are technology assets that are here to stay, but many of these applications are not modeled for EMS or healthcare, monitored by trained healthcare professionals, or endorsed by medical entities due to the significant gaps in quality and obvious lack of accuracy or pertinence to any given report. I will continue to monitor these charts and will start addressing the blatant use of unedited AI in charts which results in poor documentation.

Please reach out to me or our EMS Office with any questions.

Regards,

Joseph R. Haake, MD, FACEP
EMS Medical Director
Southern Illinois Regional EMS System