

Contra Costa County EMS Event Report- QI Review Form

Report Name and Number: _____ Date/Time Report received: _____

QI Review Instructions:

1. Patient safety first.
2. Make appropriate notifications as required.
3. Categorize event.
4. Conduct fact finding
5. Review event with appropriate consulting parties (HR, medical director, clinical consultants)
6. Identify and facilitate implementation of appropriate follow-up actions
7. Enter data into the EMS event database

<p style="text-align: center;">Categorize Nature of EMS Event</p> <p>Check all appropriate boxes</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Affecting patient care</td> <td><input type="checkbox"/> Interagency event</td> </tr> <tr> <td><input type="checkbox"/> Not affecting patient care</td> <td><input type="checkbox"/> Great Catch/Near Miss</td> </tr> <tr> <td><input type="checkbox"/> Exemplary care</td> <td></td> </tr> </table>	<input type="checkbox"/> Affecting patient care	<input type="checkbox"/> Interagency event	<input type="checkbox"/> Not affecting patient care	<input type="checkbox"/> Great Catch/Near Miss	<input type="checkbox"/> Exemplary care		<p style="text-align: center;">Events meet criteria for Local EMS Agency notification: (see back for 1798.200 criteria)</p> <table style="width: 100%; border: none;"> <tr><td><input type="checkbox"/> Threat to public safety*</td></tr> <tr><td><input type="checkbox"/> Patient maltreatment*</td></tr> <tr><td><input type="checkbox"/> Controlled substance*</td></tr> </table>	<input type="checkbox"/> Threat to public safety*	<input type="checkbox"/> Patient maltreatment*	<input type="checkbox"/> Controlled substance*
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<input type="checkbox"/> Controlled substance*										

<p>Clinical</p> <input type="checkbox"/> Unexpected/adverse clinical event/complication <input type="checkbox"/> Infectious Dx <input type="checkbox"/> Treatment issue: Assessment <input type="checkbox"/> Treatment issue: Medication <input type="checkbox"/> Treatment issue: Procedure <input type="checkbox"/> Policy Specify #: _____ <input type="checkbox"/> Procedure Specify #: _____ <input type="checkbox"/> Respiratory <input type="checkbox"/> Cardiac <input type="checkbox"/> STEMI <input type="checkbox"/> Burn <input type="checkbox"/> Trauma <input type="checkbox"/> Peds <input type="checkbox"/> OB <input type="checkbox"/> Documentation <input type="checkbox"/> Behavioral pt	<p>Operational</p> <input type="checkbox"/> Scope related <input type="checkbox"/> Citizen concern <input type="checkbox"/> Equipment related Specify: _____ <input type="checkbox"/> Communication related <input type="checkbox"/> Provider safety issue <input type="checkbox"/> Professional conduct <input type="checkbox"/> Destination issue <input type="checkbox"/> Billing <input type="checkbox"/> Dispatch <input type="checkbox"/> Response <input type="checkbox"/> Helicopter <input type="checkbox"/> Base call	<p>Reporting Party</p> <input type="checkbox"/> Fire <input type="checkbox"/> Ambulance <input type="checkbox"/> MD <input type="checkbox"/> RN/MICN <input type="checkbox"/> Facility/ED Specify: _____ <input type="checkbox"/> Other EMS provider Specify: _____ <input type="checkbox"/> Private Citizen <input type="checkbox"/> Anonymous
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Score the Event – Level of Safety Significance
<p>Level 0-Exemplary Care or No Issue: patient care demonstrating extraordinary effort/outcome or No issue</p> <p>Level 1-Minor: No policy variation, minor incident, informational, non-patient care issue, No community reaction anticipated</p> <p>Level 2-Low: Policy variation, low potential for risk to patient, no impact on patient condition, no community reaction anticipated</p> <p>Level 3-Medium: Policy variation, medium potential for risk to the patient, minor impact to patient not affecting patient outcome, small potential for community reaction</p> <p>Level 4-High: Policy variation, high potential for patient risk, negative impact on patient condition, possible certificate or license review, medium to high potential for community reaction anticipated</p>
<input type="checkbox"/> 0 = exemplary/no issue <input type="checkbox"/> 1 = minor <input type="checkbox"/> 2 = low <input type="checkbox"/> 3 =medium <input type="checkbox"/> 4 = high

Indicate Event Review Outcome
<input type="checkbox"/> Trend <input type="checkbox"/> Reviewed <input type="checkbox"/> Forward for further investigation <input type="checkbox"/> Recurrent issue <input type="checkbox"/> Unsubstantiated issue <input type="checkbox"/> Exemplary care <input type="checkbox"/> Closed

Indicate Event Follow-up Action
<input type="checkbox"/> No action necessary <input type="checkbox"/> Staff education <input type="checkbox"/> Staff counseling <input type="checkbox"/> Commendation <input type="checkbox"/> Review & monitor <input type="checkbox"/> Review P/P <input type="checkbox"/> Disciplinary action <input type="checkbox"/> Other

Further comments regarding results of investigation:

Signature of Investigator: _____ Date: _____ Time: _____

EMS Notification or Referral for follow-up
Date Notified: _____ Individual notified: _____
Comments

EMS Event Review Guidelines and Instructions

In reviewing the event consider the following questions

- What are the facts of the events? Be objective.
- What factors lead up to or contributed to the event?
- What consequences resulted from the event?
- Could the event been prevented? How?
- What can be learned from the event?
- What required actions need to be taken?

EMS Event Criteria requiring Local EMS Agency notification:

- **Any EMS event that leads to or has the potential to cause a community concern.**
- **Threat to public health and safety** (as defined by the Health and Safety Code 1798.200)
 - **Any of the following actions :**
 - Fraud in the procurement of any certificate or license under this division
 - Gross negligence
 - Repeated negligent acts
 - Incompetence
 - The commission of any fraudulent, dishonest or corrupt act related to the qualification, functions and duties of prehospital personnel
 - Conviction of any crime which is substantially related to qualification, functions and duties of prehospital personnel
 - Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of or conspiring to violate, any provision of this division or regulations adopted by the authority pertaining to prehospital personnel.
 - Violating or attempting to violate federal or state statute or regulation which regulates narcotics, dangerous drugs or controlled substances
 - Addiction to the excessive use of or misuse of alcohol beverages, narcotics dangerous drugs or controlled substances
 - Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license or certification
 - Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.
 - Unprofessional conduct exhibited by any of the following
 - Mistreatment or physical abuse of any patient resulting from force in excess of what a reasonable and prudent person trained and acting in a similar capacity while engaged in the performance of their duties would use.
 - Failure to maintain confidentiality of patient medical information except as permitted by law Section 56-56.6 of the Civil Code
 - Commission of any sexually related offense under section 290 of the penal code.

If remediation is required an action plan appropriate to the event analysis should be devised and implemented.

- Remediation should be consistent and constructive
- Focus of the process should reflect open communication, critical thinking skills, strategic planning, dedication to success through remediation in conjunction with appropriate administrative action.
- Individual performance improvement plans should be developed by the appropriate agency and consistent with the agency's own internal processes.

Oversight for the EMS event reporting process is the responsibility of each agency's QI coordinator in conjunction with the Contra Costa County Quality Improvement Committee and EMS Agency QI Coordinator.