Unusual Occurrence Reporting

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PURPOSE

Boston EMS recognizes that competent and caring professionals will occasionally make mistakes, and the intent is to create a "just culture" atmosphere where an employee can openly discuss errors of commission or omission, process improvements, and / or systems improvements without fear of reprisal.[1] A just culture does not mean personnel will not be held accountable for their actions. When sub-standard performance is revealed after careful collection of facts, and/or there is reckless or willful violation of policies or negligent behavior, corrective or disciplinary action may be appropriate. Errors and accidents should be tracked in an attempt to establish trends and patterns to learn from them and prevent reoccurrence, thus improving patient safety and the delivery of care. Error and "near miss" reporting are critical components of any patient safety and risk management program. The purpose of this procedure is to set forth guidelines for the immediate identification, reporting, and documentation of an unusual occurrence in order to ensure timely notification and appropriate response to the situation.

DEFINITION

For the purposes of this procedure, an "unusual occurrence" is defined as any situation involving Boston EMS personnel, property, or equipment which is not consistent with routine operations or routine care of a particular patient, or any incident which results in an injury or is reasonably likely to result in a complaint or negative public attention. Such occurrences include, but are not limited to, the following examples:

1. An incident that results in exacerbation, complication, or other deterioration of a patient's condition not ordinarily expected as a result of the patient's condition.

    1.1. Medication Errors and omissions, such as inappropriate drug choice, dosage, or route.
    1.2. Treatment errors: failure to properly assess, initiate or administer care in accordance with established treatment protocols, resulting in serious injury;
    1.3. Equipment failure or user error which delays or otherwise interferes with patient care;

2. Violence toward EMS providers that results in injury or delays the provider from providing appropriate care;

3. An injury occurring to a patient or bystander after Boston EMS personnel have arrived on scene;

4. Any verbal and/or physical altercation between an EMS provider, patient and/or bystander. Including those that may occur in defense of one's self or another. Similarly, any department member who witnesses such interaction has an obligation to report the unusual occurrence.

5. An incident involving a patient transfer (ambulance stretcher, stair chair, backboard, etc.) that results in a mechanical failure of equipment and / or the patient being dropped, regardless of whether or not the patient sustained an injury.

6. Damage to personal property by a member of Boston EMS, except for intentional damage as part of patient assessment or care (e.g. cutting clothes, etc.)

7. Theft of any EMS property or equipment; fire affecting an EMS vehicle or property

8. Any call entry, dispatch, or response error which significantly delays the arrival of appropriate resources to the scene of an emergency (e.g.: call entry with wrong section of the City; canceling an incident as a "duplicate" when in fact it was a separate incident; failure to enter an incident into the CAD system, responding to the wrong location, etc.).

NOTIFICATION

1. When an unusual occurrence is noted, the Department member shall complete the assignment without delay and without compromising patient care.

2. A department member with direct knowledge of an unusual occurrence shall notify a Supervisor as soon as possible. A department member who hears another unit reporting a vehicle fire via the radio, for example, does not have direct knowledge of the incident and is therefore not required to notify a supervisor. However, the crew of the vehicle involved does have direct knowledge and is required to notify a supervisor. Similarly, a unit sent to an address in one section of the City but then cancelled because the incident is actually in another section of the City is not required to report the incident. However, the dispatcher who did a call back and discovered a potential call entry error would be required to notify the supervisor if it resulted in a delayed EMS response.

3. When directed by a supervisor, each member involved shall complete an incident report noting relevant information concerning the incident. The Supervisor shall then forward all reports to Professional Standards for review.

4. Any stretcher or stair chair involved in a patient transfer incident including mechanical failure of equipment and /or being dropped, should subsequently be taken out of service until it can be evaluated by an authorized technician.

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[1] Read more about Just Culture and Sentinel Event reporting at the Joint Commission website: http://www.jointcommission.org/SentinelEvents/SentinelEventAlert/sea_43.htm