

Policy Title: **Reportable incidents | Sentinel event reporting**No. **R - 7**

Board approval: 6/17/10

Effective: 1/18/23

Supersedes: 7/1/10

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I. **POLICY**

- A. An EMS incident or event that resulted in a higher than normal degree of risk to a patient, bystanders, or EMS personnel and/or a preventable adverse effect of medical care, whether or not it is evident or harmful to the patient shall be reported in a timely manner to the EMS MD and EMS agency senior leadership or their designee.
- B. The purpose of reporting and the subsequent EMS medical review is to improve patient safety and the quality of care.
- C. Review of these incidents is conducted under continuous quality management principles using the **EMS QI Review/Complaint Investigation form** attached to the G-1 policy. All findings are confidential under the Medical Studies Act. All information contained in or relating to any medical audit performed by the EMS MD (or his designee) or care rendered by System personnel, shall be afforded the same status as is provided information concerning medical studies in Article VIII, Part 21 of the Code of Civil Procedure.
- D. **Reportable incidents (events) include, but are not limited to**
 1. Clinical acts or omissions inconsistent with policy, procedure, or SOP that may have contributed to adverse patient outcome. This could include the following:
 - a. **Medication errors:** "any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, patient, or consumer," (National Coordinating Council for Medication Error Reporting and Prevention).
 - b. Any act by an EMS practitioner which is or may be below the applicable standard of care and has a reasonable probability of causing patient harm.
 - c. **Injuries to a patient** while in EMS care not ordinarily expected as a result of the patient's condition.
 - d. **Inappropriate use of a device** that results in injury or death of a patient while in EMS care.
 - e. EMS practitioner acting outside of their scope of practice.
 2. Any act or omission by EMS personnel while caring for a patient that constitutes a **threat to public health or safety.**
 3. **Suspected impairment of an on-duty EMS practitioner** due to use of intoxicants (alcohol or drugs) – See Policy I-4 Impaired Practice.
 4. Medical, EMS system or communications failure, or equipment failure or user error resulting in injury or delay in response or treatment.
 - a. **Malfunction of any EMS equipment:** See Policy M-8 Medical Device Failure.
 - b. Crash, fire in an EMS vehicle, or **malfunction of an EMS vehicle** while transporting a patient that resulted in a delay of patient transport to an appropriate hospital or patient injury/death.
 5. **Override** of on-line medical control to NCH – See Policy O-1 Override.
 6. **Suspected significant exposure** to the blood or body fluids of a patient experienced by EMS personnel – See Policy I-2 Infection Control.
 7. **Death of a patient under unusual circumstances.**
 8. Scene times that are prolonged longer than 60 minutes due to behavioral health emergencies or dissent to assessment, care, or transportation.
 9. Care of patients during incidents with high profile news coverage (heads up only); incidents that resulted in concerns relative to team (EMS and/or receiving hospital) readiness, resources, communication, or patient/family engagement that resulted in conflict or the need for additional law enforcement assistance.

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10. Any injury incurred by a student or educator resulting from participation in a System-conducted education program, occurring either on class site premises or off-premises at a System conducted structured learning experience, including travel to or from the off-premises site, and that requires treatment by a licensed healthcare practitioner.

II. PROCEDURE

- A. Each EMS agency shall assign oversight of these issues to a designated officer or supervisor and work collaboratively with their assigned hospital EMS Coordinator.
- B. Each EMS agency shall have and follow internal policies and procedures to ensure that it is compliant with all applicable EMS System, municipal, county, state and federal statutes, rules and guidelines to mitigate risk and/or liability.
- C. In the event of a reportable incident or occurrence, **notification must be made as soon as patient care needs are addressed to the agency-appointed supervisor or officer.** If the event involves a malfunctioning vehicle while transporting a patient, the on-duty supervisor must be notified immediately so patient care is not compromised or delayed.
- D. The designated officer and/or on-duty supervisor shall determine whether it meets the criteria for a reportable incident based on this or other referenced System policies. If yes, they shall **call the EMS MD** or his designee by cell phone (number listed below and in the System Directory (www.nwcemss.org /About us tab). If patient care related, they shall also notify their assigned hospital EMSC to assist in the investigation and report.
- E. EMS agencies shall work with their assigned HEMSC to complete an investigation using the steps listed on the **EMS QI Review/Complaint Investigation form** and file all necessary reports to the EMS System EMS Administrative Director, municipal, county, state and federal authorities within specified timelines.
- F. EMS agencies shall follow internal policies with respect to
 1. biohazard or hazmat incident with EMS personnel or equipment involved that causes hazard to patient or personnel.
 2. any incident that may be newsworthy.
- G. Any System member may directly contact the Resource Hospital EMS Administrative Director and/or EMS MD if they question the timeliness or effectiveness of action at the EMS Agency/hospital and believe that failure to report or take appropriate action is placing patients and/or any element or member of the System at risk. See RFC/Complaint policy. The System shall not disclose the name of the complainant unless the complainant consents in writing to the disclosure.

- a. **Matthew T. Jordan (847) 962-6008**
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References:

Barishansky, R.M. & Glick, D.E. (March 2009). Reportable incidents. *EMS*, 44-47.

Carver, N., Gupta, V., Hipkind, J.E., (2022). Medical error. StatPearls [Internet]. Accessed online: <https://www.ncbi.nlm.nih.gov/books/NBK430763/>

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