

I. PURPOSE

- A. To establish a peer-to-peer report and response mechanism for resolving issues and incidents that are reportable but are not a threat to public health and safety or the integrity of the EMS system.
- B. To establish a mechanism for reporting and investigating issues and incidents which pose a threat to the integrity of the EMS system and/or possibly constitute a violation of California Health and Safety Code Section 1798.200 *et seq.*
- C. To set standards for regular reporting of incidents to the EMS Agency for the purpose of monitoring the EMS system and identification of opportunities for improvement in clinical outcomes and/or system structures and processes.

II. AUTHORITY

- A. California Health and Safety Code, Sections 1797.204, 1797.220, and 1798.200
- B. California Code of Regulations, Sections 100147 and 100402


III. POLICY

Overview of Incident Reporting


Level I Peer to Peer Reporting	Level II Unusual Occurrence Reporting	Level III Mandatory Reporting
<ul style="list-style-type: none"> • For minor interpersonal issues, misunderstandings or operational issues not involving patient care. • Resolve as soon as possible after the incident in person or by telephone with supervisors or management representatives. • If unsure whether the issue is Level I or II or if the issue cannot be resolved at this level, an Unusual Occurrence Form should be submitted. 	<ul style="list-style-type: none"> • For patient care issues, complete an EMS Unusual Occurrence Form and email, fax or mail to provider management. This includes commendations. • For system issues involving patient care, email, fax or mail report to the EMS Agency. • Reporting party may also call provider management or the EMS Agency to verbally report an incident which will be documented on an Unusual Occurrence Form by the provider. 	<ul style="list-style-type: none"> • Includes, but not limited to incidents involving: <ul style="list-style-type: none"> Clinical acts or omissions that may be a threat to public health and safety or considered negligent or contributing to poor patient outcome; Violations of EMS policies and treatment protocols that may result in poor patient outcome; and Use of intoxicants or impaired ability due to alcohol or drugs while on duty. Report to the EMS Agency within 24 hrs.

UNUSUAL OCCURRENCES

Approved:



Medical Director



EMS Director

A. Peer to Peer Reporting:

Any incident or event such as minor interpersonal conflicts, misunderstandings and demeanor issues that are unrelated to patient care activities or minor operational issues.

B. Unusual Occurrence Reporting

Any incident or event which the reporting party believes warrants reporting to another EMS system participant shall be documented and forwarded by the reporting party to all other agencies involved.

Reportable incidents or events include, but are not limited to:

- (1) Policy or protocol violations not related to clinical care or patient outcome;
- (2) Deviation from authorized use of supplies or equipment;
- (3) Documentation error or omission not related to patient care;
- (4) Communication errors;
- (5) Destination errors with no impact on patient outcome;
- (6) Near miss incidents; and
- (7) Operational (non-clinical) issues.
- (8) Commendations may also be submitted to communicate exceptional care by an individual or group of providers.

Copies of all supporting documents, such as PCRs, hospital records, dispatch logs, etc. must be included. The EMS Agency shall log all Unusual Occurrences for the purposes of data collection and analysis. In the event that a recipient of an Unusual Occurrence fails to respond, or provides an inadequate response, the reporting party may inform the EMS Agency of the failure and request follow-up action on closure reporting.

C. Mandatory Reporting

I. Any event that is actionable pursuant to Health & Safety Code Section 1798.200 shall be reported, within 24 hours, to the EMS Agency using an Unusual Occurrence Form.

II. Reportable events include, but are not limited to:

- (1) Use of intoxicants or impaired ability due to alcohol or drugs while on duty as an EMS provider.
- (2) Clinical acts or omissions that may be considered negligent or possibly contributed to poor patient outcome.
- (3) Deviation from EMS policy or protocol that may result in a poor patient outcome.
- (4) Any act or omission that constitutes a threat to public health and safety.
- (5) Any event where recurrence would have a significant chance of adverse outcome.

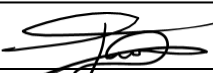
III. Any individual with direct knowledge of a Mandatory Reporting incident is required to complete a written report and submit it directly to the EMS Agency within 24 hours. Employers may require concurrent reporting internally, but shall not preclude, inhibit, or delay direct reporting to the EMS Agency.

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IV. Unusual Occurrence forms must include copies of all pertinent documentation, including but not limited to:

- (1) Patient care records
- (2) Dispatch logs
- (3) Written statements by involved personnel
- (4) Summary of initial investigation and actions taken by agency (when applicable and available).

V. The EMS Agency shall lead Mandatory Reporting Investigations

- A. All providers shall assist the EMS Agency and complete requests in the time frame determined by the EMS Agency investigator.
- B. EMS provider agencies shall make available all personnel involved with or having knowledge of the incident for interviews by the EMS Agency investigator.
- C. Provider agencies shall allow the EMS Agency access to proprietary or confidential information directly pertinent to the investigation.
- D. All Mandatory Reporting investigations shall be completed within 30 days or as soon as reasonably possible.
- E. The EMS Agency shall provide a report of the findings and actions to the reporting party.
- F. Investigative reports will not disclose confidential or proprietary information collected during the investigation.
- G. Final reports may be delayed indefinitely by the EMS Agency if their release will compromise another investigation of the incident or involved personnel being performed by another regulatory or investigative authority.

D. Provider Reporting

1. All EMS providers will submit a report, at intervals determined by the EMS Agency, using a standard format developed by the EMS Agency, which includes the following elements:
 - a) A summary of all issues received and actions taken related to the delivery of EMS and/or patient care.
 - b) A summary of all Exception and Mandatory Reporting incidents received and actions taken.
 - c) An analysis of any trends identified in the types of incidents being reported.
 - d) The status of all open Unusual Occurrences and Mandatory Reporting investigations, including work and remedial actions in progress.
 - e) A summary of quality assurance and performance improvement activities to include:

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EMS Director

- (1) Any audits required by the EMS Agency.
- (2) Any education pertaining to clinical care or EMS operations.
- (3) Any internal projects in progress.

2. A Confidentiality Notice should be placed on all confidential faxes and e-mails.

Faxes/E-mail may contain confidential information. Do not read this e-mail if you are not the intended recipient. This fax or e-mail transmission, (and any documents, files or previous e-mail messages attached to it) may contain confidential information that is legally privileged or is made confidential by statute. If you are not the intended recipient, or a person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of any of the information contained in or attached to this transmission is STRICTLY PROHIBITED. If you have received this transmission in error, please immediately notify us by phone (*insert name and phone #*) or e-mail, and destroy the original transmission and its attachments without reading or saving in any manner.

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Alameda County EMS Agency Unusual Occurrence Form
All of the following information must be documented on this form

This form may be completed electronically - 'tab' through the fields.
 The form can be sent as an e-mail attachment: 'file'>>'send to'>>'mail recipient as attachment'
Submit this form to: alco.uo@acgov.org PCR attached

Date of Occurrence: _____ Time: _____ Patient ID: _____
 Location: _____ Unit #: _____ CMED/Agency Incident # : _____
 Form completed by: Name: _____ Title: _____ Agency: _____

Witness(es) (persons familiar with incident; include name, title, department, relationship): _____
Other(s) involved (include name, title and agency): _____

Nature of Occurrence

1. Check all appropriate boxes	2. Attach PCR or other appropriate documentation
Morbidity or mortality to a patient Potential legal liability Issues with political ramifications or involving political figures Incident resulting in termination or resignation pending the investigation for clinical issues An action reported or intended to be reported to EMSA or other regulatory agency Major violation of EMS protocol (serious potential for patient harm) Policy #: _____	
Could this event cause a community reaction or represent a threat to public health and safety?* Yes No If yes, contact the EMS Medical Director at (510) 618-2042	
Date contacted: _____ Time: _____ Others notified: (Name, agency, title) _____ _____	

Specific issue (be brief): _____
Details of Occurrence (provide facts, observations, and direct statements):

 EST. 1974

Immediate efforts to resolve this issue: _____ None

TREND REPORT INFORMATION:

Patient Maltreatment	Other: Affecting Patient Care
Treatment Error/ Omission	Other: Not Affecting Patient Care
Medication error	Specify: _____
Documentation Omission/Error	Citizen Concern

***Threat to Public Safety as defined by Health and Safety Code 1798.200**

Any of the following actions shall be considered evidence of a threat to public health and safety and may result in the denial, suspension or revocation of a certificate or license issued under this division or in the placement on probation of a certificate or license holder under this division.

1. Fraud in the procurement of any certificate or license under this division
2. Gross negligence
3. Repeated negligent acts
4. Incompetence
5. The commission of any fraudulent, dishonest or corrupt act related to the qualification, functions and duties of pre hospital personnel
6. Conviction of any crime which is substantially related to qualification, functions and duties of pre hospital personnel
7. Violating or attempting to violate directly or indirectly any provision of this division
8. Violating or attempting to violate federal or state statute or regulation which regulates narcotics, dangerous drugs or controlled substances
9. Addiction to the excessive use of or the misuse of alcohol beverages, narcotics, dangerous drugs or controlled substances
10. 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
11. 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
12. Patient Maltreatment: verbal or physical occurrence identified which harm, insult, neglect or abuse the patient.
13. Controlled Substance: Loss/ broken narcotic vials / defective /Incorrect counts