



Division 05 **Emergency Medical**

Chapter 11 – Medical Incident Notification Procedure

January 2009

POLICY

To provide a policy for the reporting of exceptional care, protocol deviations, variations from the accepted medical standard of care, or other unintended medical outcomes related to emergency medical service delivery that has the potential to effect the patient's acuity during treatment and/or transport required as part of the quality assurance plan.*

DEFINITIONS

Co-responsibility – all providers are medically accountable for the actions and interventions performed in the delivery of patient care.

End of the tour of duty - is considered the end of the shift for career personnel and the time the volunteer personnel are no longer responding on calls for that day.

Exceptional care – Patient care that is ordered by a physician providing online medical consultation to direct a prehospital provider in rendering care that is not explicitly listed within the treatment protocols. 1

Inability to Carry out Physician Orders – A provider inability to carry out the physician orders; e.g. the provider feels the administration of an ordered medication would endanger the patient, a medication is not available, or a physician order is outside the protocol. 2

Protocol deviation – Protocol error

Protocol Variation - Any act or failure to act in practice or judgment, involving patient care that is not consistent with established Maryland State Protocol, whether or not it results in any change in the patient's status or condition 3

Unusual Circumstance – when a provider feels that it is important to notify an EMS supervisor about an unusual event.

PROCEDURES

1. General Provisions

The goal is to provide appropriate medical care and interventions utilizing the Maryland Medical Protocols for Emergency Medical Services Providers, as the standard of care, and the transportation of the ill or injured patient to the appropriate medical facility. The delivery of emergency medical services is to be ideally achieved with the patient's best interest in mind. However, due to the unpredictable nature of prehospital emergency medical service, there is the possibility that the standard of care may not be met, and the potential to have a less than optimal patient outcome is present.

The Medical Incident Report is designed to resolve issues of questionable or unusual service delivery by providers, or any other issue that affects the quality of service delivery. It may be initiated by any person involved in patient care, either prehospital or hospital personnel, or any other person that has an interest in the service that was rendered. It shall be the responsibility of all Fire/EMS Department personnel to initiate



Medical Incident Reports, when appropriate, and to do so by the end of ones tour of duty.

This policy is a means of ensuring the appropriate personnel are made aware of any issues of alleged procedural deviations (whether involving medical protocols, Departmental/Office procedures, personnel conduct, or equipment concerns) and provide a return to the initiator of the report once a conclusion is reached. This shall be the case, whether or not these incidents result in any change in the patient's status or condition. This procedure shall ensure that the appropriate actions or re-mediations are accomplished via the current version of the Quality Assurance Plan.

All providers are responsible for monitoring the patient's condition while in their care. The Medical Director has established the standard of "co-responsibility".

If any cases described within this procedure occur, the providers must report the incident to the receiving physician immediately. Examples may include infractions involving medical procedures or protocols which may influence patient morbidity or mortality:

- medication errors
- assessment errors
- equipment failure
- medical protocol errors
- medical protocol application problems or errors
- extraordinary time delays
- etc.

2. Responsibility

Providers

- The provider responsible for the reportable incident providers shall notify the appropriate EMS supervisor

of the incident immediately after patient care responsibilities have been transferred to the receiving facility.

- The incident must be accurately and completed documented in the patient care report, including any change in patient status or condition.
 - Any medical intervention(s) performed must also be documented, along with the patient's response.
 - Include the name of the receiving physician notified.
- Complete a Medical Incident Report which should include a complete chronological narrative of the incident.
- This shall be completed and delivered to an EMS Supervisor by the end of the provider's tour of duty.

Supervisors

- The EMS Supervisor should notify AEMS Shift Commander (EMS 801) of the Medical Incident Report.
- Medical Incident Report should be reviewed for accuracy, comments and indicate any actions that were taken by the EMS Supervisor by the end of the provider's tour of duty.
- Forward the Medical Incident Report to the Quality Improvement Officer by the end of the tour of duty.

EMS Shift Commander (EMS801)'s

- Notifies the Major of AEMS and the on-duty Duty Major **only** when deviation results in death of a patient or news worthy event.
- Notifies the Major of AEMS of any event that warrants notification.
- Quality Improvement Officer' Responsibility



PRINCE GEORGE'S COUNTY, MARYLAND FIRE/EMERGENCY MEDICAL SERVICES DEPARTMENT GENERAL ORDERS

- Logs the Medical Incident Report in the Quality Assurance Database.
- Notifies the Medical Director, or designee
- Handle alleged event in accordance with the current quality assurance plan
- Verbal return to provider/submitter after follow-up action (by Quality Improvement Officer, Medical Director, or designee)

REFERENCES

1, 2, 3 – The Maryland Medical Protocols for Emergency Medical Services Providers

FORMS/ATTACHMENTS

Attachment #1 - Medical Incident Report Form

Attachment #2 – Flow chart for handling Medical Incident Reports.

PRINCE GEORGE'S COUNTY FIRE/EMS DEPARTMENT

Medical Incident Report

Date Received: _ _____

Type of incident:	Complainant:
<input checked="" type="checkbox"/> Medical	Name:
<input type="checkbox"/> Procedural	Address:
<input type="checkbox"/> Conduct	
<input type="checkbox"/> Equipment	Telephone: (day): _____ (evening): _____

Date/Time of Incident:	Incident #:	Report #:
Patient's Name:		Phone #:
Location of Incident:		
Units:		Hospital:
Personnel:		Shift:

Date Complaint Received:	<input type="checkbox"/> Via Telephone	<input type="checkbox"/> Via Interview	<input type="checkbox"/> Via Letter
Person making contact:			

Specific Concern:

Witnesses:
Result of Incident:

EMS Officer notified:

Resolution suggested by complainant:

----- Office Use Only -----
Date of Interview of Crew Members:

Actual Resolution:

Date and time of follow-up with complainant:
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Investigating Officer:	Date Incident Closed:
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Flow Chart for Medical Incident Report

