

Medical Incident Review Process

In order to continually improve the quality of care, the EMS Division established this process to investigate patient care concerns, adverse events, and/or medical practice deviations related to the delivery of emergency medical service.

§ VAC 5-31.600 of the Virginia EMS Regulations mandates the existence of a *Quality Management Program designed to objectively, systematically and continuously monitor, assess and improve the quality and appropriateness of patient care provided by the agency*. Quality improvement investigations are privileged and confidential, protected from disclosure under Virginia Code §8.01-581.17. All records will be retained in accordance with those specifications.

When incidents or issues involve alleged or suspected misconduct or violations of any laws, statutes, ordinances, standard operating procedures, department rules and regulations, or Fairfax County Standards of Conduct by any employee of the Fire and Rescue Department, the investigation will be conducted in accordance with Standard Operating Procedure 01.03.03, Internal Investigations.

It is understood that not all queries require a formal investigative process. The EMS Supervisor should handle requests for routine information or clarification about system function at the battalion level.

All personnel involved shall maintain confidentiality throughout the process.

Definitions

An **adverse event** occurs whenever an untoward or unexpected outcome occurs as a result of a medical intervention.

Examples of an **adverse event** include, but are not limited to:

- Untoward response to medication
- Medical equipment failure
- Unidentified illness or injury, e.g., patient injury that occurs as a result of treatment. Examples include tissue damage due to extravasation of 50% dextrose, or that occurs in our care, such as injury from a cot drop
- Unexpected deterioration or death of a patient
- Potential/actual patient injury in our care, e.g., cot drop, FRD-vehicle motor vehicle collision.

A **medical practice deviation** occurs whenever a member of the department fails to provide emergency medical service in accordance with established medical protocols or standing orders, training principles, authorized physician's orders, established or generally accepted medical practices and/or Fire and Rescue Department policies and procedures concerning citizen interaction.

Examples of **medical practice deviation** include:

- Any action outside of provider's authorized scope of practice
- Misadministration of medication
- Failure to complete a prehospital patient care report
- Report falsification, including reporting incorrect or unattained patient information
- Performing procedures not authorized by the Operational Medical Director
- Incomplete patient assessment or failure to assess patient
- Improper or inappropriate conduct that impacts the provider's ability to provide or transfer care

NOTE: Failure to complete a prehospital patient care report is a medical practice deviation as well as violation of departmental Standard Operating Procedure 01.09.03, *Field Incident Reports and Processing*, and Rule 400.1, *Submitting Reports* and Rule 100.5, *Performance of Duty*, as well as violating §12VAC5-31-1140. Provision of patient care documentation. <http://leg1.state.va.us/cgi-bin/legp504.exe?000+reg+12VAC5-31-1140>. Such instances will be assigned an EMS inquiry number for the purpose of tracking, but will be returned to the operations shift Deputy Chief for disposition.

A **patient care concern** occurs whenever a provider has reason to believe that some component of the care delivered or management of the call did not proceed as it should have and had the potential to adversely impact the patient.

Examples of patient care concerns include:

- Selection of the wrong medical treatment protocol
- Delays in patient access, assessment/stabilization or transport
- Disagreement over choice of destination facility

The **medical incident review** process is the official systematic review of an adverse event, medical practice deviation, patient care concern or patient harm coordinated by the Quality Manager through the Battalion Management Team for the purpose of system quality improvement.

Reporting Procedure

Department personnel who witness an adverse event, medical practice deviation, patient care concern or patient harm shall report it to the EMS Supervisor. The EMS Supervisor shall complete the Inquiry Intake Form (FRD-019) and forward the completed form to the Quality Manager and copy the field Battalion Chief. If an allegation involves personnel at or above the rank of Captain II, the incident shall be reported directly to Deputy Chief-EMS (DCEMS) who shall contact the Quality Manager to initiate QI Review.

Persons outside of the Department who call the station to report an adverse event, medical practice deviation, patient care concern or patient harm shall be directed to the shift OIC, unless the EMS Supervisor is present to take the report (see procedure above). The OIC shall obtain and record on the Inquiry Intake Form (FRD 019), the complainant's name and contact information and shall advise the complainant that he or she will be contacted. The OIC shall forward the completed FRD-019 to the EMS Supervisor and copy the Quality Manager and the field Battalion Chief.

If the Quality Manager is the point of contact for persons outside the Department, a record of conversation will be created. This record of conversation will include contact information for the complainant and will be included with the inquiry notice. FRD-019 will not be completed by the Quality Manager.

The following are events that require **immediate notification** by the EMS Supervisor to the DC-EMS and the Operational Medical Director (OMD).

- Any action outside of provider's authorized scope of practice
- All medication errors
- All advanced airway errors, such as unrecognized esophageal intubation
- Death/deterioration of any patient who has been physically or chemically restrained
- All unexpected deaths/deterioration during transport

- Any adverse events encountered during Emergency Department diversion or closures
- Any adverse events encountered during an interfacility transport

In addition, the above events shall receive a preliminary investigation within 24 hours by the Battalion Chief –EMS (BC-EMS) or designee. This preliminary investigation shall include:

- The name and contact information for the individual lodging the concern
- A brief summary of the situation
- The personnel and unit involved

The Department and/or the OMD reserve(s) the right to reduce or remove the ability of any EMS provider to practice in the field during the inquiry process.

Process

On receipt of the completed FRD-019, the Quality Manager, or in the absence of the Quality Manager, the Battalion Chief of EMS will:

- Assign the EMS inquiry # and enter the incident into the quality improvement database, elements to include:
 - Date received and FRD incident number
 - Inquiry number
 - Unit & personnel involved
 - Investigator
 - Investigation elements received
- Sets target completion date, usually two weeks from date received
- Initiate EMS inquiry notification memo to the Deputy Chief-EMS who shall forward the packet to the shift Deputy Chief-Operations who in turn shall route the packet to the appropriate Battalion Management Team (shift Battalion Chief and EMS Supervisor). When a volunteer provider is involved in the incident, the Department's Volunteer Liaison will also be copied on the inquiry notification for routing to the appropriate volunteer chief.
- Send a letter of acknowledgement to complainant

The EMS Supervisor ensures that the investigation process is completed within two weeks of receipt and submits a written report through the chain of command to the shift Deputy Chief-Operations who shall forward the completed report to the Deputy Chief-EMS and the Quality Manager for review by the Quality Improvement (QI) Review Panel. The investigation process shall be consistent with established Department policies and procedures.

Required EMS Inquiry Report Elements

- Summary of investigation findings (citing violations of any County or Departmental document), conclusions, and recommendations. This document should also explain any discrepancies between witness statements.
- Written statements from all personnel on scene, including details of the event:
 - Who was present (include all other FRD personnel, including on scene commander, as well as any other County personnel, patient friends or family members, or other bystanders.
 - What occurred during the event
 - When did it occur
 - Why did it occur (if known)
 - How did it occur (if known)

- What was the thought process for the decisions made (if known), and
 - Any other relevant concerns, facts, et cetera, such as environmental conditions or safety concerns
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- Written statement (and/or interview notes for any non-FRD personnel) which identifies details of the event, issues or concerns about quality of care or service delivery
 - CAD event history
 - Prehospital Patient Care Report and/or treatment tag
 - If applicable, also include incident report from FireRMS and/or audio file of prehospital communications
 - Reference any documents used to support investigative findings, such as Standard Operating Procedures, Rules and Regulations, Manuals, General Orders, Standing Orders, and/or Personnel Regulations.

QI Review Panel

The QI Review Panel meets on a regular basis to review completed EMS Inquiry Reports. Providers involved in an EMS Inquiry and/or their supervisors may address the QI Review Panel if they wish to convey extenuating circumstances regarding the incident. To exercise this option, the provider's supervisor shall contact the Quality Manager to verify when the incident will be reviewed.

QI Review Panel Membership includes the Operational Medical Director (OMD), Quality Manager, DC-EMS, BC-EMS, EMS Regulatory Officer, and Director of EMS Training or designee. The quorum required to conduct a QI Review Panel includes the Operational Medical Director (OMD), Quality Manager, and at least two (2) uniformed EMS Division staff members, (DC-EMS and/or BC-EMS ± EMS Regulatory Officer). An on-duty EMS Supervisor will be invited to attend each QI Review Panel meeting. Participation will occur on a rotating basis.

The QI Review Panel will review the investigation report as well as any related materials to draw conclusions and complete a root cause analysis to determine contributory causes for the situation. The panel will make recommendations for individual and/or organizational initiatives to prevent recurrence through remediation, system process changes, or other appropriate means to enhance emergency medical services delivery, as well as enhance the personal and professional development of the providers. Decision-making authority lies with the OMD for medical issues and with the DC-EMS for operational issues.

QI Review Panel Conclusions

Conclusion findings may include:

- No variance
- Variance with no effect
- Variance with potential adverse effect
- Variance with adverse effect
- No patient care issue (redirect to Operations)

Contributory causes, identified through root cause analysis may include:

- Patients (external customers)
- Providers (internal customers)
- Provisions (equipment and supplies)
- Places (environment where care is delivered)
- Procedures (protocols, policies and procedures)

Recommended Follow-Up

The specific recommended follow-up action will be determined based on the details of the case and the conclusions of the QI Panel as to contributory causes. Follow-up action shall be consistent with established Department policies and procedures. In addition to the established policies, the QI Panel may direct one of the following actions; completion of recommended actions shall be reported in writing to the Quality Manager.

Incident Critique: A constructive process to review the events and decision-making strategies relevant to the incident.

Remediation (Coaching/Counseling): Represents a constructive intervention that may be utilized to clarify expectations, rectify minor deficiencies in knowledge or skills, or refine and redirect behavior.

OMD Letter: Represents the next progressive step wherein the OMD meets with the provider, EMS Supervisor or affected Volunteer Fire Chief, if the provider is a volunteer, and DCEMS to clarify performance expectations. Coaching/counseling is tied to defined consequences if the undesirable behavior persists or recurs. The OMD Letter may include a defined period of monitored performance. Consequences may include subsequent progressive steps as described below. OMD letter may be utilized for:

- Minor problems that have been the subject of prior coaching/counseling efforts
- More serious infractions/issues

Work Improvement Plan: Represents a structured constructive educational effort to rectify significant deficiencies in knowledge or skills. Remediation may also be utilized as the next progressive step in the setting of failed counseling/coaching. Remediation will typically be for a defined period, of defined content, and be tied to a defined method or period of re-evaluation to demonstrate effective remediation. All Work Improvement Plans require review by the Human Resources Manager.

Suspension of authorization pending investigation: Represents an interim measure to remove a provider from clinical care when the provider has been charged with a felony or there is reason to believe he or she may pose a danger to patients. The duration of such suspension will be finite, in writing and a final determination shall follow completion of the investigation in a timely manner.

Suspension of authorization pending remediation: Represents the removal of the provider from clinical care during the period of remediation. The employee shall be notified in writing. This intervention may be utilized:

- When the remediation is required to rectify substantial deficits in core knowledge or essential skills that jeopardize the provider's ability to provide quality prehospital care.
- When there is reason to believe that the rigors of continued clinical care may jeopardize the provider's capacity to successfully complete remediation.

- When prior remediation efforts have been unsuccessful and there is reason to believe that continued clinical care responsibilities may jeopardize the provider's capacity for successful remediation.

Revocation of authorization: Represents the final step in progressive efforts in response to refusal or inability to successfully complete remediation, or the requisite intervention for flagrant infractions/issues.

The following represent circumstances that may result in permanent revocation of authorization:

- Actions outside of provider's authorized scope of practice
- Falsification of the medical record
- Intentional harm to a patient
- Refusal to complete remediation
- Failure to complete successful remediation after substantial, good faith efforts
- Conviction of a felony or grievous felony charges

If any of the following occur, **the shift Deputy Chief and the Assistant Chief of Operations Bureau shall be notified immediately for staffing purposes and forwarded up the chain to Deputy Chief-Safety and Personnel Services Division, Human Resources Manager, Assistant Chief of Personnel Services Bureau, and the Fire Chief:**

- **Suspension of authorization pending investigation**
- **Suspension of authorization pending remediation**
- **Revocation of authorization**

On revocation of authorization, the Quality Manager will notify the Virginia Office of EMS as required by §12 VAC 5-31-1-40 and the Director of EMS Training.

Within two weeks of the QI Review Panel review, the Quality Manager will

- Enter conclusion and recommendations into the QI database
- Forward memorandum of QI Review Panel conclusions and recommendations to the shift DC-Ops and Battalion Management Team with copies to DC-EMS and OMD. When a volunteer provider is involved in the incident, the Department's Volunteer Liaison will also be copied on for routing to the appropriate volunteer chief.

The EMS Supervisor will notify the Quality Manager in writing through the chain of command when the QI Panel recommendations are completed; the Quality Manager will update the database to reflect closure. Documentation of completion of recommended actions shall include:

- Reason for coaching/counseling
- Objectives/content
- What occurred during the review and employee's response, if any.
- Signatures of the employee(s) and supervisor

Medical incident review topics will be used to develop training programs, clinical care monitoring strategies and system improvements.

Random spot checks may be initiated by the EMS Division to verify retention of any post-investigation remediation or training efforts and will be noted in the database.

Adverse event, medical practice deviation, patient care concern or patient harm occurs Manual

Department personnel who witness an adverse event, medical practice deviation, patient care concern or patient harm shall report it to the EMS Supervisor. If allegation involves personnel at or above the rank of Captain II, report directly to DC-EMS.

Person outside of the Department calls the station to report an adverse event, medical practice deviation, patient care concern or patient harm to department personnel. Direct call to the shift OIC, unless the EMS Supervisor is present. See summary above.

• Complete Inquiry Intake Form (FRD 019)
• Advise the complainant that they will be contacted

• If complaint is not received by an EMS Supervisor, forward FRD-019 to the EMS Supervisor and copy the Quality Manager and Shift BC

EMS Supervisor to immediately notify DCEMS, OMD and shift BC of:

- any action outside scope of practice
- all medication errors
- all advanced airway errors
- death/deterioration if restrained
- unexpected death/deterioration during transport
- any adverse event encountered during ED diversion or closure or during interfacility transport
- any adverse event: equipment failure which may or may not result in patient injury
- potential or actual patient injury while in our care – includes cot drop

Quality Manager:

- Assigns medical incident review # and enters it in database
- Sets target completion date (2 weeks)
- Initiates Inquiry Memo to DC-EMS who shall forward to Shift DC-Ops for routing to appropriate BMT
- Letter of acknowledgement to complainant

EMS Supervisor:

- ensures investigation process is completed within 2 weeks
- submits written report through chain of command to DC-Ops for routing to DC-EMS & Quality Manager

QI Review Panel Membership

- OMD
- DC-EMS
- Quality Manager
- BC-EMS
- Regulatory Officer
- Director of EMS Training

Quorum: OMD, Quality Manager & 2 uniformed staff (DC-EMS, BC-EMS or Regulatory Officer)

QI Review Panel:

- Case review & root cause analysis
- Within 2 weeks of review, conclusion & recommendations:
 - will be entered into QI database
 - forwarded to shift DC-Ops & Battalion Management Team and copied to DC-EMS & OMD ± Volunteer Liaison if volunteer involved.

EMS Supervisor will notify Quality Manager in writing when the QI Panel recommended actions have been completed

Quality Manager will update database to reflect closure.

Inquiry investigation topics will be used to develop monthly or ad hoc training programs.

Random spot checks may be initiated by the EMS Division to verify retention of any post-investigation remediation or training efforts. Annotate Inquiry Log to record these random checks.

**FAIRFAX COUNTY FIRE AND RESCUE DEPARTMENT
Inquiry Intake Form**

Use this form to document feedback of all types.

FRD Incident # (if applicable)	Date	Location:
Units	Personnel	

Complainant Name	<input type="checkbox"/> Citizen <input type="checkbox"/> Medical Community <input type="checkbox"/> Other	<input type="checkbox"/> Law Enforcement <input type="checkbox"/> FRD Member
	Mailing Address:	
Email:		

This Section for Patient Care Inquiries Only

Patient Name	Date of Birth (if applicable available):
Hospital / Facility involved	Hospital Record #

Summary of Comments/Concerns

Initial Actions Taken by Receiving Officer (if not EMS Captain or BCEMS)
<input type="checkbox"/> Contacted / Discussed with Chief Officer (name): _____ <input type="checkbox"/> Contacted / Discussed with EMS Field Supervisor (name): _____ <input type="checkbox"/> Other: _____

Initial Appraisal (required of complaints and inquiries):
<input type="checkbox"/> Patient Care Issue <input type="checkbox"/> Operational Matter <input type="checkbox"/> General Conduct <input type="checkbox"/> Other: _____ <input type="checkbox"/> Additional investigation and/or action required <input type="checkbox"/> Issue considered "resolved"

Form Submitted By	Signature	Assignment
QI Processing Date	Inquiry Number	Signature

**** Fax completed forms to Quality Manager: 703/591-0655 ****