

**SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY**

**Policy Reference No.: 6020**  
**Effective Date: August 1, 2007**  
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**Supersedes: February 1, 2005**

**INCIDENT REPORTING**

**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 pose a threat to 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
- B. California Code of Regulations, Sections 100147 and 100402

**III. POLICY**

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

A. Peer to Peer Reporting:

4. 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. Exception Reporting

4. 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.

- e) 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.
- f) Commendations may also be submitted to communicate exceptional care by an individual or group of providers.

5. Exception will be documented using a form developed by the EMS Agency.

- e) Copies of all supporting documents, such as PCRs, hospital records, dispatch logs, etc. must be included.

6. The EMS Agency shall log all Exception Reports for the purposes of data collection and analysis.

7. In the event that a recipient of an Exception Report fails to respond, or provides an inadequate response, the reporting party may inform EMSA of the failure and request follow-up action on closure reporting.

C. Mandatory Reporting

4. Any event that is actionable pursuant to Health & Safety Code Section 1798.200 shall be reported, within 24 hours, to the EMS Agency Duty Officer (refer to Procedure IV.D.).

- e) 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 a 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.
5. 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 72 hours (refer to Procedure IV.D.).
    - e) Employers may require concurrent reporting internally, but shall not preclude, inhibit, or delay direct reporting to the EMS Agency.
  6. Written reports, using a form developed by the EMS Agency, shall be completed and submitted to the EMS Agency within 72 hours.
    - e) The written report 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).
  7. The EMS Agency shall lead Mandatory Reporting Investigations
    - e) All providers shall assist the EMS Agency and complete requests in the time frame determined by the EMS Agency investigator.
    - f) EMS provider agencies shall make available all personnel involved with or having knowledge of the incident for interviews by the EMS Agency investigator.
    - g) Provider agencies shall allow the EMS Agency access to proprietary or confidential information directly pertinent to the investigation.
    - h) All Mandatory Reporting investigations shall be completed within 30 days or as soon as reasonably possible.
    - i) The EMS Agency shall provide a report of the findings and actions to the reporting party.
      - (1) Investigative reports will not disclose confidential or proprietary information collected during the investigation.
      - (2) Final reports may be delayed indefinitely 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 ambulance 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 Exception and Mandatory Reporting investigations, including work and remedial actions in progress.
  - e) A summary of quality assurance and performance improvement activities to include:
    - (1) Any audits required by the EMS Agency.
    - (2) Any education pertaining to clinical care or EMS operations.
    - (3) Any internal projects in progress.

**IV. PROCEDURE**

**A. Peer to Peer Reports**

1. When incidents involving minor interpersonal issues, misunderstandings or minor operational issues not involving patient care occur, reporting party shall directly contact supervisor or management representatives of the recipient agency to resolve the issue as soon as possible after the incident by telephone or in person.
2. Providers will log these reports and document actions to resolve the problems in a timely manner.
3. If unsure whether the issue is Level I or Level II submit as an Exception Report or contact the EMSA staff for guidance.
4. If the issue cannot be resolved at Level I or has become a repeated problem submit as an Exception Report.

**B. Exception Reporting**

1. Reporting party will complete a written report on a form developed by the EMS Agency or call the provider or EMSA to verbally report an incident which will be documented on the Exception Form by the individual receiving the report.
2. Reporting party will forward form, along with all supporting documentation to the provider agency's management for individual clinical issues or to the EMSA for system issues.
3. The provider agency will fax a copy of the report to the EMS Agency within 72 hours of receipt.
4. To close the incident, the provider or EMSA will issue a report of the investigation and actions taken to the reporting party within 30 days of receipt.

- a) This policy shall not require that recipients consult with reporting party regarding any actions taken, only that the reporting party be notified of the findings and actions.
  - (1) This policy shall not require any agency to disclose any information of a proprietary or confidential nature to the reporting party.
- b) Written closure reports will be made using either the EMSA form or a letter/internal form that addresses the same elements of the EMSA form. The recipient may orally conduct the closure report with the reporting party. At that time, the provider will ask the reporting party if a copy of the written closure report is desired. The provider will log the manner in which the closure was provided to the reporting party and provide a copy of the closure report to the EMS Agency.

### C. Mandatory Reporting

- 1. Any person with direct knowledge of an incident as defined in III, C, 1 shall notify the EMS Agency Duty Officer within 24 hours of the event in writing by faxing the report to the EMSA or by verbal report on the telephone. The Duty Officer can be contacted through the 911 Dispatch Center at the Department of Emergency Management.
  - a) In cases with multiple people from the same agency having knowledge of an event, one notification to the EMS Agency Duty Officer may be made, however individual written reports are still required.
  - b) The person(s) reporting the incident may, in addition, choose to also directly contact a field supervisor or management representative of the involved provider.
- 2. Each person with direct knowledge of a Mandatory Reporting Incident shall submit a written report, on a form developed by the EMS Agency, along with supporting documentation within 72 hours.
- 3. The EMS Agency Duty Officer shall:
  - a) Verify that the incident qualifies for Mandatory Reporting , and
  - b) Initiate an investigation consistent with the requirements of Policy 2070, or
  - c) If an incident does not qualify as Mandatory Reporting, the reporting party shall be notified and the matter will be pursued as an Exception Report, as detailed in IV, B..
- 4. Upon notification of the incident, management at the involved provider agency will conduct an investigation and submit a report of the findings to the EMS Agency on a form developed by the EMS Agency along with supporting documentation. The report will be due within 30-days or sooner at the discretion of the EMS Agency.

5. EMS Agency shall review all information from EMSA led fact finding and from reports of the involved agencies to determine the outcome of the investigation and any corrective actions. Investigations will be completed within 30-days, or as soon as reasonably possible.
  - a) In cases where personnel or information is not available, the investigative period may be extended, with the approval of the EMS Medical Director, as necessary to ensure a comprehensive and equitable investigation.
6. The EMS Agency will prepare a final report that will include the following elements:
  - a) Investigation summary
  - b) Identified causes, including system or process inadequacies that require correction.
  - c) Recommended actions
7. Provider agencies will prepare a corrective action plan that addresses any organizational, mechanical, or process causes and will include method of correction and anticipated completion date.
  - a) Corrective action plan shall be submitted to EMS Agency for review and approval no later than 30 days after being notified of deficiencies.
8. EMS Medical Director may take action as determined appropriate pursuant to the California Health and Safety Code Section 1798.200 et seq. and EMS Policy 2070.
9. Provider Reporting
  - a) Each EMS provider agency shall compile data as described above and submit it to the EMS Agency by the required deadline..
  - b) The data will be submitted in a format developed by the EMS Agency.
  - c) All data elements will be defined by the EMS Agency.