



# CHARLOTTESVILLE-ALBEMARLE RESCUE SQUAD

## STANDARD OPERATING GUIDELINE

TOPIC: Clinical Incident Review Policy	S.O.G. # 2.5
Approved by: Lair D. Haugh, Chief	Revised: 9/1/2007 Approved: 9/1/2007

### **PURPOSE:**

To establish guidelines for reporting, reviewing, and resolving clinical incidents related to clinical skills performance of members of the Charlottesville-Albemarle Rescue Squad.

### **DEFINITIONS:**

Operational Medical Director (OMD) - George Lindbeck, M.D. (Augusta Medical Center, Fishersville, VA) and William Brady, M.D. (University of Virginia Health System) are responsible for the oversight of all medical practices adhering to the established protocols set forth by the Thomas Jefferson EMS Council (TJEMS).

Clinical Review and Training Committee (CRAT) – Designated active CARS ALS and BLS EMS providers, TJEMS representatives, the operational medical directors, the department Chief and Deputy Chief, and the Training Officer.

Training Officer – The EMS officer designated by the department Chief as the point of contact and coordinator for clinical incidents and quality improvement.

Informal Medical Review - A review of patient care where minor deviations from established patient care standards may have occurred. These deviations shall have had no known impact on patient outcome.

Formal Medical Review - A review of patient care where serious deviations from the standard of care may have occurred. Examples of such concerns include: repeated minor deviations from the standard of care resistant to improvement, deviations with a potential for negative impact on patient outcome, and deviations which had a negative impact on patient outcome.

Provider – The individual who acts in the capacity of an emergency medical care provider.

Investigating Officer – The officer assigned to conduct an formal and/or informal review of a medical care complaint/concern.

Critical Event – A case where the alleged action or lack of action on the part of the provider raise concerns about the individual's ability to function adequately as an emergency medical care provider. This can include cases where allegations of significant negligence are present.

Temporary Suspension to Practice – A non-punitive suspension of the provider's ability to function as an emergency medical care provider at the Charlottesville-Albemarle Rescue Squad.



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### **POLICY STATEMENT:**

Incident reviews are important tools for providing quality customer service to the community. They are designed to be teaching and learning experiences and are rarely punitive in nature. All parties are encouraged to participate with that approach in mind.

Any member can report patient care concerns regarding incidents that CARS providers respond to and provide medical care. This can include patients, hospital staff, firefighters, rescue squad members, citizens, etc. Input should be made in writing whenever possible (Whenever formal reviews with potential for disciplinary action are conducted, complaint/concerns must be in writing). Concerns from internal sources should be reported to the Training Officer via the Clinical Incident Report. External customers (i.e. citizens or hospital staff) should contact the Duty Officer. The Duty Officer will then contact the Training Officer after making initial contact or follow-up with the customer. The OMD can require that unusual patient care events or infrequent/high risk technician skills (i.e. rapid sequence induction) be automatically included in the review process.

The Training Officer, in conjunction with the Clinical Review and Training Committee (CRAT), will determine whether or not the concern is a medical review matter. Complaints of a non-medical nature will be referred to the appropriate officers for resolution. Most concerns can be resolved at a low level. Individuals are encouraged to address matters face-to-face whenever possible.

If the concern is determined to be a medical matter, the Training Officer will appoint an investigating officer to initiate an informal or formal review. Additional informal preliminary fact-finding may be conducted to help make this determination. This effort can include personal interviews and data collection. If the investigating officer feels at any time that a serious violation has occurred, more formal procedures shall be implemented.

### **Informal Quality Review:**

An investigating officer with the appropriate knowledge level and experience to effectively review the case will conduct the informal review. The reviewing officer will contact the provider and or other providers involved with the incident.

The reviewing officer will complete his/her investigation and report the findings to CRAT in a timely fashion (two weeks). Recommendations for follow-up remedial actions, if any, should also be provided. It is expected that the reviewing officer will conduct any appropriate counseling at the time of the review.

The Training Officer shall maintain a record of informal reviews and will routinely brief the OMD. Trends will be reported to the CRAT and a training resolution will be devised for the agency.

### **Formal Quality Review:**

The investigating officer will conduct the formal review. The investigating officer will research the incident. This effort may include interviews, patient follow-up, documentation review, etc. All information collected should be provided to the OMD. Based on the findings of the investigation, the



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OMD has the option to downgrade the matter to an informal review or arrange for a formal meeting with the provider to resolve the matter.

A meeting of the provider, the investigating officer, and the OMD shall conclude formal review. The OMD shall review all facts of the case and discuss the incident with the provider. The OMD at his discretion will determine the severity of the incident. If the concerns are determined to be unfounded, the case will be closed. For incidents where deviations have occurred, the OMD will recommend appropriate follow-up action based on the severity of the incident.

These actions can include, but are not limited to, the following:

1. Counseling
2. Skills remediation, including additional field internship time
3. Classes related to deficient area
4. Assigned research project in deficient area
5. Recommendations for disciplinary action

No disciplinary action will be given to providers in relationship to having deficient skills provided they comply with remediation. This does not prevent disciplinary action due to negligent care.

The investigating officer will document the outcome of the review. The provider will be notified of the findings in writing within two weeks. The training officer will ensure that the provider completes any assigned actions.

Recommendations for disciplinary action shall be forwarded to CRAT.

### **Critical Event:**

Any provider who observes a critical incident should contact the Duty Officer immediately. If this individual cannot be contacted, the provider should notify the training officer. A clinical incident report must be completed and submitted to the Duty Officer. The Duty Officer shall initially try to resolve any conflict, but shall forward any critical incident to the training officer.

In accordance with established CARS by-laws and the Commonwealth of Virginia Office of Emergency Medical Services' s regulations, the department Chief and the OMD may at their individual discretion remove a member's authorization to practice as an emergency medical care provider anytime he feels it necessary. This is a significant decision and requires serious consideration. Should a critical event occur, the department chief might find it necessary to issue an immediate temporary suspension to practice until the matter can be fully reviewed by the OMD. All available information about the incident and input from CRAT will be considered when making this decision.

Based on the findings of the formal review, the OMD will recommend that the suspension be ended, continued for a specific time period, or made permanent.