

# EMS SYSTEM NOTIFICATION

## Purpose

To ensure the safety of the public and the integrity and quality of the EMS system by providing an accessible, consistent, and structured process for the submission and followthrough of EMS system notifications

## Related Policies

- Quality Improvement, 2000 et seq.

## Authority

- Health and Safety Code, Title 22, Division 9
- Health and Safety Code Section 1797.204, 1797.220 and 1798.200

## Policy

EMS system notifications may be initiated by any individual, provider agency or hospital staff member, or system stakeholder/partner. Notifications may be related to any aspect of the EMS system, including policies/protocols, operations, equipment, medications, personnel, or patient care. EMS notifications may be submitted anonymously.

Examples of system notifications include, but are not limited to:

- Any event that represents a threat to public health and safety as cited in the Health and Safety Code 1798.200
- Any event that resulted in or has the potential to lead to an adverse patient outcome
- Unjustified deviations from protocol
- Recognition of exemplary patient care
- Educational opportunity
- Unusual occurrence
- Possible EMS system issue

### A. Notification procedure

It is preferred that EMS system notifications be submitted electronically through the link on the EMS Agency website to the standardized notification form. For those who prefer, a paper form is also available for download on the EMS Agency website and must be submitted to [cqi@marinhhs.org](mailto:cqi@marinhhs.org) as an attachment.

Notification submissions via the online link are automatically sent to the EMS Agency for review. If someone from an EMS provider agency submits the notification, a copy of the notification is automatically sent to the Quality Assurance (QA) Coordinator for that person's agency.

Following receipt of a notification form, EMS Agency staff will review the details of the notification and determine one or more of the following actions be taken:

- Request for additional information
- Immediate follow-up with the provider agency
- Request that a Detailed Response Form (DRF) be completed and submitted

- Initiation of an investigation (mandatory reporting event)
- Recommend QA Coordinator follow up with the provider

## B. Requests for Follow-up

Any provider QA Coordinator receiving a notification shall acknowledge receipt to the EMS Agency within 24 business hours. The provider QA Coordinator shall then review the details of the event and submit a response (including a summary of findings and patient disposition) to the EMS Agency QA Coordinator and Medical Director within 72 business hours.

In some instances, the EMS Agency may request that a Detailed Response Form (DRF) be completed by the QA Coordinator and/or agency Medical Director for submission to the EMS Agency. DRFs shall be completed and submitted within 14 days of request by the EMS Agency.

All responses should consider all available information, the provider's CQI Plan, and any relevant county and state policies, protocols, and regulations.

The EMS Medical Director will have final approval of a satisfactory resolution to all EMS notifications. The EMS Agency or Medical Director may also refer issues to the closed session of the Marin County Quality Council.

The EMS Agency will notify all involved providers when the review process is completed and associated issues are resolved.

## C. Mandatory Reporting Events

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 holder or license holder under this division:

- Fraud in the procurement of any certificate or license under this division
- Gross negligence
- Repeated negligent acts
- Incompetence
- The commission of any fraudulent, dishonest, or corrupt act that is substantially related to the qualifications, functions, and duties of prehospital personnel
- Conviction of any crime that is substantially related to the qualifications, functions, and duties of prehospital personnel. The record of conviction, or a certified copy of the record, shall be conclusive evidence of the conviction
- Violating, or attempting to violate, directly, or indirectly, or assisting in, or abetting the violation of, or conspiring to violate, any provision of this division, or the regulations adopted by the authority pertaining to prehospital personnel
- Violating or attempting to violate any federal or state statute of regulation that regulates narcotics, dangerous drugs, or controlled substances
- Addiction to, the excessive use of, or the misuse of, alcoholic, beverages, narcotics, dangerous drugs, or controlled substances
- 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
- 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
- Unprofessional conduct exhibited by any of the following:
    - I. The mistreatment or physical abuse of any patient resulting from force in excess of what a reasonable and prudent person trained and acting in a similar capacity while engaged in
    - II. the performance of their duties would use if confronted with a similar circumstance. Nothing in this section shall be deemed to prohibit an EMT-I, EMT-II, or EMT-P from assisting a peace officer, or a peace officer who is acting in the dual capacity of peace officer and EMT-I, EMT-II, or EMT-P, from using that force that is reasonably necessary to effect a lawful arrest or detention.
    - III. The failure to maintain confidentiality of patient medical information, except as disclosure is otherwise permitted or required by law in Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code

### **Just Culture Paradigm**

The Marin County EMS Agency endorses a Just Culture approach when responding to EMS notifications

A. Definition:

- A Just Culture is one where accountability is fairly balanced between the organization or system and the individual. It allows errors, near miss events, adverse events, unsafe conditions, and system problems to be easily reported without fear of retaliation. This enables providers to better identify opportunities for system improvement, which will enhance the safety and quality of emergency medical care and services delivered. The approach to addressing errors in a Just Culture distinguishes between three types of behavior.

B. Behavior Types:

- **Human Error:** Product of our current system design and behavioral choices

- Manage through changes in:
  - I. Choices
  - II. Processes
  - III. Procedures
  - IV. Training
  - V. Design
  - VI. Environment

- **At-Risk Behavior:** A choice- risk believed insignificant or justified

- Manage through:
  - I. Removing incentives for at-risk behaviors
  - II. Creating incentives for healthy behaviors
  - III. Increasing situational awareness

- **Reckless Behavior:** Conscious disregard of substantial and unjustifiable risk

- Manage through:
  - I. Remedial action
  - II. Punitive action

D. Scope:

- This policy applies to all county personnel having responsibility for patient care (e.g., certified/licensed personnel at the level of EMT or higher)

E. Just Culture Principles

- Just Culture is not designed to, nor will replace and/or circumvent, an employer's standards of behavior and/or discipline wherein a potential or real violation of these policies has been determined
- Just Culture does not override occurrences that require mandatory reporting to the EMS Authority or other local, state, or federal authorities
- Just Culture principles will be applied whenever there is an opportunity to assess the behavior or performance of personnel
- Response to errors, near misses, and adverse events will be influenced by the individual's behavioral choices, not the outcome of the event
- EMS personnel will not be punished or retaliated against for reporting an error, near miss, adverse event, system problem, safety, or quality concern
- The employer shall evaluate for possible punitive action for repetitive errors and/or behavioral choices, or for reckless or malicious behavior
- EMS personnel will not be held accountable for system flaws over which they have no control