MEDICAL DIRECTION

MEDICAL INCIDENT REVIEW POLICY

PURPOSE: To provide guidelines for the reporting, review, and resolution of Circumstances related to clinical skills performance.

APPLICABILITY: This policy shall apply to all personnel operating under the Virginia Beach Emergency Response System.

DEFINITIONS:

ERS Liaison Officer – The officer in the employee’s department designated as the primary point of contact for ERS matters.

ERS Medical Control Officer – The EMS officer designated by the EMS Chief as the management coordinator for ERS medical oversight and quality improvement.

Operational Medical Director (OMD) – The City of Virginia Beach EMS Medical Director.

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.

Investigating Officer - The officer assigned to conduct a formal case review.

Provider – The individual, whether career or volunteer, who acts in the capacity of an emergency medical care provider.
**Reviewing Officer** – The officer assigned to conduct an 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 employee raise concerns about the individual’s ability to adequately function as an emergency medical care provider. This can include cases where allegations of significant negligence are present.

**Temporary Suspension of Certification** – A non-punitive suspension of the provider’s ability to function as an emergency medical care provider in the Virginia Beach medical control system.

**POLICY STATEMENT**

Medical incident reviews are important tools for evaluating the provision of quality medical services to the community. These reviews are designed to discover and correct system and individual performance circumstances in an open, proactive environment utilizing current quality improvement tools and protections. These reviews and their outcomes are to be teaching and learning experiences and are rarely punitive in nature. All parties are encouraged to participate with these approaches in mind.

Any member of the ERS system can report patient care concerns. This can include patients, hospital staff, firefighters, rescue squad members, citizens, etc. Inputs should be made in writing whenever possible (Complaint/concerns must be in writing prior to formal reviews with potential for punitive action). Concerns from internal sources should be reported to the ERS Medical Control Officer via the individual department ERS Liaison officers. External customers (i.e. citizens or hospital staff) should contact EMS Headquarters directly. The OMD can require that unusual patient care events or infrequent/high risk technician skills (i.e. emergency cricothyrotomy) be automatically included in the review process.

The ERS Medical Control officer, in communication with the OMD 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 ERS Medical Control Officer will initiate an informal or formal review. Additional preliminary fact-finding may be conducted to help make this determination.

**Informal Quality Review**

The ERS Medical Control Officer will either personally conduct the informal review or will assign the case to another EMS Chief Officer. This effort can include personal interviews and data collection. The investigating officer should be aware of applicable procedural guarantees (i.e. Firefighter/EMT Bill of Rights).

The reviewing officer will contact the employee’s ERS Liaison Officer prior to communicating with the employee. The ERS Liaison Officer will have the option to either participate in the review, assign a member of the employee’s chain of command to assist, or authorize the direct contact between the member and the reviewer.

The reviewing officer will complete his/her investigation and report the findings to the ERS Medical Control Officer in a timely fashion. If the investigating officer feels at any time that a serious violation has occurred, more formal procedures shall be implemented. 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 ERS Medical Control Officer shall maintain a record of informal reviews and will routinely brief the OMD. Trends and systems issues will be reported to the EMS Continuous Quality Improvement Coordinator for resolution on a system-wide basis.

**Formal Quality Review**

The ERS Medical Control Officer will either personally conduct the formal review or will assign the case to an EMS Chief Officer authorized to conduct reviews by the EMS Chief. The employee’s ERS Liaison Officer or an authorized designee will assist with the review.

The investigating officers will research the incident. This effort may include interviews, patient follow-up, documentation review, etc. When conducting interviews with the employee under review, procedural guarantees shall be followed. All information collected should be provided to the OMD. Based on the findings of the investigation, the OMD has the
option to downgrade the matter to an informal review or arrange for a formal meeting with the employee to resolve the matter.

A meeting of the provider, the investigating officers, and the OMD shall conclude formal reviews. The OMD shall review all facets of the case and discuss the incident with the provider. The OMD at his/her 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-on action based on the severity of the incident.

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

- Counseling
- Skills remediation, including additional field internship time
- Classes related to deficient area
- Assigned research project in deficient area
- Recommendations for disciplinary action

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

The ERS Medical Control Officer will document the outcome of the review. The employee and his/her ERS Liaison Officer will be notified of the findings in writing within three working days. The ERS Liaison Officer will ensure that the employee completes any assigned actions. Recommendations for disciplinary action shall be forwarded to the employee’s home agency for implementation in accordance with individual departmental procedures.

Critical Event

Any officer with the ERS system who observes or is made aware of a Critical Incident should contact their ERS Liaison Officer immediately. If this individual cannot be contacted, the officer should notify the ERS Medical Control Officer directly. Once the ERS Medical Control Officer is briefed, he will notify the Deputy Chief of Operations, EMS Chief, Fire Chief (if appropriate) and the OMD.

In accordance with City Code and Commonwealth of Virginia regulations, the EMS Chief and the OMD may at their individual discretion remove a member’s authorization to perform skills as an emergency medical care provider anytime he/she feels it necessary. This is a significant decision.
and requires serious consideration. Should a critical event occur, the Chief of EMS might find it necessary to issue an immediate Temporary Suspension of Certification until the matter can be fully reviewed by the OMD. All available information about the incident and inputs from the ERS Medical Control Officer/Liaison Officer 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.

ORDERED:

[Signature]
01/25/2017
EMS Chief Date

ATTACHMENTS

Appendix A – Incident Concern Form
Appendix B – Member Notification Form
Appendix C – Review Findings Form
CITY OF VIRGINIA BEACH
DEPARTMENT OF EMERGENCY MEDICAL SERVICES
QUALITY IMPROVEMENT TOOL

INCIDENT CONCERN FORM

Date of Notification:___________ Report taken by:_____________________________

Time: _____ Means of Contact: Person   Phone   Email   Smal M  Fax   Other______

Concern being reported: ________________________________________________

Originator’s Name:_____________________________________________________

Originator’s Address:___________________________________________________

Originator’s Phone:_________________ email: _____________________________

If patient involved, relationship to patient:_______________________________

Name of Patient:_______________________________________________________

Phone:_______________________ email: _________________________________

Date of Incident:_________ Time:______ Case #: __________ Unit:__________

Location of Incident:__________________________________________________

Names of Personnel (if known):________________________________________

Description of Incident (use additional sheets if necessary):
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

OFFICE USE:
Date Received by EMS Admin: __________
Type of Review: Formal   Informal   Other ____________________
Investigation assigned to:____________________  On Date:_____________
Date Due: ___________________

Date Completed:___________________________
Incident Outcome: ____________________________________________________
_____________________________________________________________________
Date Closed:___________________________

VBLS   1   2   4   5   6   9   13   14   16   17  DEMS   MRT   911   Fire   PD   Other_____
9 CAD report  9 911 recordings  9 PPCR  9 Entered in spreadsheet  9 File created
MEMBER NOTIFICATION FORM

Date: 
To: 
From: 
Subject: Notification of quality concern

The Department of EMS has been notified of a quality concern which involves you regarding ____________________________ which allegedly occurred on ____________________________.

Please contact me regarding this incident.

I can be reached by:
Phone: ______________________
Cell: ______________________
Pager: ______________________
Email: ______________________

cc:
Date:

To:

From:

Subject: Notification of Findings

This notification is in reference to a quality concern related to an incident which reportedly took place on __________________________ at ____________________________.

This allegation has been investigated and after careful review of all the facts, this concern is found to be _____________________________.

Comments:

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

cc: