

Subject: Administration – Quality Assurance
Case Review

Associated Policies:

- I. Authority and Reference (incorporated herein by references)
 - A. Division 2.5 of Health and Safety Code
 - B. California Code of Regulations, Title 22
 - C. North Coast EMS Policies and Procedures

- II. Purpose
To provide a mechanism for problem identification and system monitoring to assure quality of patient care.

- III. Procedure
Initiation of a Case Review will be made when one or more of the following criteria for reporting is observed. It is not the responsibility of the reporting party to assess blame, accountability, or whether the incident is inadvertent, unavoidable or preventable. If the reporting party wishes to remain anonymous or to restrict distribution of copies of the Case Review, (s)he should submit a separate written request explaining the need for confidentiality.
 - A. Reportable Incidents:
Case Reviews should be initiated as soon as possible after the incident. A reportable incident event may include, but is not limited to the following criteria:
 1. Events, including actions or failures to act, that have actual or potential adverse effect on a patient or on the delivery of appropriate patient care.
 2. Conflicts with existing California state law and/or North Coast EMS policies.
 3. Events requiring documentation in accordance with existing California state law and/or North Coast EMS policy; including, but not limited to use of radio delay and/or failure protocol.
 4. Any event that actually or potentially poses a threat to the safety of patients or providers of prehospital care.
 - B. Reporting Parties:
Anyone involved with the prehospital emergency care system may initiate a Case Review.
 - C. Reporting Forms:
 1. Case Review Forms are to be used for the initial report of an incident and must include the action taken. Additional information may be attached to this form. The Case Review Form is not to be part of the patient's medical records.
 2. Log Forms are to be maintained by North Coast EMS as part of a log of reported incidents.

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- D. Disposition:
1. At the request of the reporting person/agency the Case Review may be referred to the Continuous Quality Improvement (CQI) Committee for consideration.
 2. The original (white) copy of the Case Review form is to be delivered to the Prehospital Care Nurse Coordinator (PCNC) at the appropriate base hospital, or the Provider Liaison, as indicated. The carbon (yellow) copy of the report will be submitted to North Coast EMS.
 3. The report will contain at a minimum:
 - a. A detailed description of the event.
 - b. Destination of the original (white) copy.
 - c. The date of report.
 - d. The date and location of the incident.
 - e. The Patient Care Record (PCR) number, if applicable.
 - f. Names of other personnel involved.
 - g. Name, title and agency of reporting party.
 - h. Date the investigation is opened.
 - i. Investigation response.
 - j. Date the investigation is closed.
 - k. Final outcome of investigation.
 - l. Name, title and agency of investigator.
- E. Roles and Responsibilities of Investigative Parties:
1. When appropriate the North Coast EMS Medical Director will designate the PCNC of the base hospital, the Provider Liaison or North Coast EMS as the primary investigator(s).
 2. The incidents that will be investigated may involve First Responders, EMT's, MICN's or physicians. The incidents may pertain to, but not be limited to:
 - a. Complication/unexpected clinical event.
 - b. Deviation from policy, protocol or scope of practice.
 - c. Failure to contact base hospital.
 - d. Treatment error/omission (including medications).
 - e. Misuse or abuse of controlled substances.
 - f. Documentation.
 - g. Deviation from destination guidelines.
 - h. Non-transport.
 - i. All communication failures.
 - j. Non-standard (per policy guidelines) radio communications.
 - k. Multiple Casualty Incidents.

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- l. Observed trends and patterns.
 - m. Dispatch.
 - n. Unprofessional conduct.
 - o. Equipment failure/malfunction.
 - p. Deviation from authorized supplies and equipment.
 - q. Non-compliance with the request for remedial training.
 - r. Other potential patient care or EMS system concerns.
 3. The Incident Report Form includes an original (white) and a carbonless copy (yellow). The primary investigator will keep the original (white) copy of the Report until the investigation is complete. The carbonless (yellow) copy of the Report will be submitted to North Coast EMS.
- F. Investigation:
 1. Case:
 - a. One Case Review Form will be completed for each reportable incident.
 - b. If, after initial review and fact-finding, North Coast EMS determines that need for corrective action by the agency or its representatives may exist, North Coast EMS will notify the individual and/or agency being reported via a summary letter. Should North Coast EMS's initial review and fact-finding indicate a need for involvement by the Enforcement Section of EMSA, North Coast EMS is under no obligation to notify any party prior to ceding investigatory responsibility to the state agency.
 - c. Individuals and/or agencies may be requested to provide information in regard to the reported incident.
 - d. The base hospital and/or prehospital care provider may be requested to provide assistance to the investigative party.
 - e. The Incident Report Form will be submitted to the PCNC or Provider Liaison and North Coast EMS.
 - f. The CQI Committee will be asked to review the incident, when deemed appropriate by the North Coast EMS Medical Director.
 - g. The investigative process is to remain confidential. For any case reviewed by the CQI Committee, discussion of the incident will be limited to the members of the Committee to maintain disclosure protection.
 2. Process:
 - a. North Coast EMS will track information relevant to case reviews and maintain a Log Form.

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- b. North Coast EMS will conduct a retrospective review of all Case Reviews and determine whether or not investigative findings and actions were appropriate. North Coast EMS will give investigative priority to all incidents involving communication problems, mortality, multiple casualty incidents, major trauma, and those leading to Certification Review. The result of these reviews will be included in the annual Quality Assurance (QA) report.
 - c. If no action is to be taken as a result of the Case Review investigation, the case will be marked "resolved" on the Incident Report Form and on the Log Form. All cases reviewed by the CQI committee or involving certificate review will be copied by North Coast EMS and forwarded to the appropriate County Health Officer.
 3. Potential Outcomes of a Case Review are:
 - a. No Action Necessary
 - b. Response Satisfactory
 - c. Informal Discussion
 - d. Counseling
 - e. Further Observation and Review of Performance - Monitor/Track
 - f. Remedial Training
 - g. Immediate Suspension and Subsequent Decertification
 - h. Changes in Policies and Procedures
 - i. Formal Process (letters/contracts)
 - j. Referral to the appropriate State EMS Authority, District Attorney's Office, County Health Officer and/or law enforcement agency: Police, CHP, Sheriff, FBI or to the Board of Registered Nursing, Board of Medical Quality Assurance, etc.
 4. Informal Discussion:

After consultation with the Medical Director, the Executive Director may determine that the case review may be satisfactorily addressed through informal discussion with the party(ies) in question. Subsequent incidents may precipitate different actions on the part of North Coast EMS. The nature and outcome of the informal discussion shall be noted in the Case Review Log Form.

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5. Remedial Training:
 - a. If remedial training is deemed necessary, the PCNC, Provider Liaison or North Coast EMS will request that the individual involved appear at a predetermined location, date and time for remedial training or will establish a timeline during which remedial training shall be completed.
 - b. A letter will be sent to the individual requiring remedial training and to his/her employer from the PCNC or North Coast EMS describing the terms of the remedial training and the actions that can be taken if the individual does not comply with the conditions therein.
 - c. Supervision of remedial training will be done by the PCNC or by an individual considered qualified by the PCNC's. If there is no compliance with the required remedial training within the designated time period, North Coast EMS will review the case and take appropriate action.
6. Resolution:

When it is determined that an investigation and resulting actions are adequately completed, the case will be marked "resolved" on the original (white) copy of the Incident Report Form and on the Log Form. The original (white) copy will be attached to the North Coast EMS copy and filed at the North Coast EMS office.
7. Confidentiality:
 - a. All Incident Report Forms are confidential and will not be a part of the patient's medical record nor will notation of a report or investigation be made in the patient's medical records.
 - b. All forms and pertinent data must be treated as confidential; i.e. access to all information will be limited to the investigative party and the individual/agency involved.
 - c. Copies of Case Reviews should be made only when necessary and only by official investigators. Originals and copies shall be kept in a locked file cabinet with restricted access.

Approved: 

Approved as to Form: 