




Administrative Policy		7102
Effective April 1, 2018		Expires March 31, 2019
Policy: Unusual Occurrence/ Occurrence Review Process	Approval: Interim Medical Director Reza Vaezazizi, MD	Signed 
Applies To: PSP, EMT, PM, MICN, BHP, EMS System	Approval: REMSA Director Bruce Barton	Signed 

Unusual Occurrence/Occurrence Review Process

Definition of Occurrence Levels (REMSA can upgrade or downgrade)

1. Level A
 - a. Non-compliance with treatment protocols or policies without potential for patient harm.
 - b. Disrupted communication with treatment in compliance with protocol.
2. Level B
 - a. Non-compliance with treatment protocols or policies with the potential for patient harm.
 - b. Care rendered or ordered outside scope of practice as defined by REMSA policies and procedures.
 - c. Suspected alcohol or drug abuse with potential to affect patient care.
 - d. Intentional falsification or tampering of legal documents.
3. Level C
 - a. Immediate threat to public health and safety (Section 1798.200).

Initiation of Confidential Occurrence Review Process

1. Reporting Agency
 - a. The individual, hospital or agency which first discovers or becomes aware of the situation/occurrence.
2. Designated Agent
 - a. For EMTs and paramedics: the CQI coordinator of their authorized BLS/ALS provider.
 - b. For MICNs, base hospital physicians (BHP) and other base hospital personnel: base hospital prehospital liaison nurse (PLN).
 - c. All other agencies: The employer CQI coordinator or REMSA.
3. Coordinating Agency
 - a. If the personnel involved are from a base hospital and an ALS provider agency, the base hospital will be the coordinating agency.
 - b. If the personnel are from an ALS provider agency only, the provider CQI coordinator will review the occurrence.
 - c. If any agency other than the base hospital or ALS provider is involved, REMSA will coordinate the occurrence review or assign a coordinating agency as necessary.
4. Submission of Initial Occurrence Review Report or REMSA approved Agency-Specific Occurrence Report form
 - a. Only one occurrence review report needs to be submitted. This should be done by the reporting agency/individual. All items on page 2 of the reporting form must be included when submitting before REMSA will review occurrence.
 - b. The form should be filed with the assigned designated agent.
 - c. The occurrence shall be identified as clinical in nature, or operational in nature (or both as applicable).
5. Level A
 - a. Agency receiving the initial report will forward it to the designated agent of the involved personnel.
 - b. The involved personnel will be notified by their designated agent of the initiation of the occurrence review process.
6. Level B
 - a. The agency discovering the occurrence and receiving the initial Occurrence Review Form will notify within 72 hours the designated agent(s) of the involved personnel and REMSA.
 - b. The coordinator of the review will be REMSA.

- c. Involved personnel will be notified by their designated agent.
7. Level C
- a. The agency discovering the occurrence and receiving the initial Occurrence Review Form will immediately notify the designated agent(s) of the involved personnel and REMSA.
 - b. The coordinator of the review will be REMSA.
 - c. Involved personnel will be notified by their designated agent.

Review Process

1. Level A
- a. Involved personnel will be notified by the designated agent of the initiation of a level A occurrence. A copy of the first notice is to be kept by that agency. Additional copies may be sent to other involved agencies as needed.
 - b. Response from personnel will be required within 14 calendar days involved personnel will be notified of the requirements and the issues will be clearly verbalized and documented to all involved parties.
 - c. If no response within 14 days, a second notice will be sent.
 - d. If no response to the second notice within 14 days, REMSA will be notified. Failure to comply will be referred to the appropriate supervisory personnel for additional operational action as needed.
 - e. The base hospital medical director and/or agency medical director may be involved in level A occurrences.
 - f. Review of responses and decisions regarding disposition will be done by the designated agent in collaboration with the base hospital medical director, if involved in the review.
 - g. In all cases, the coordinating agency is responsible for concluding the review.
2. Level B
- a. Rapid notification (within 5 business days) of involved personnel and REMSA by the reporting agency. Other involved agencies should be notified if appropriate.
 - b. REMSA directs the review. The occurrence process may include, but not be limited to, review of pertinent medical records including the PCR, base hospital work sheet, crew and staff narratives, and the recorded tape. A formal interview with involved personnel to review the facts may be arranged through the involved personnel's designated agent.
 - c. The time frame for returning response forms by the involved personnel will be determined by REMSA.
 - d. Statute of limitations is one year per identified problem.
3. Level C
- a. Immediate notification (within 72 hours if weekend or holiday) of involved personnel and REMSA by the reporting agency. Other involved agencies should be notified if appropriate.
 - b. REMSA directs the review. The occurrence process may include, but not be limited to, review of pertinent medical records including the PCR, base hospital report form, crew and staff narratives, and the recorded tape. A formal interview with involved personnel to review the facts may be arranged through the involved personnel's designated agent.
 - c. The time frame for returning response forms by the involved personnel will be determined by REMSA.

Counseling/Remediation

1. Level A
- a. The designated agent may involve the base hospital physician and/or agency medical director in the counseling and remediation phases of level A issues. Expectations of specific remediation plans will be clearly defined and be signed or acknowledged verbally by involved personnel. Outcome of counseling and/or remediation are to be maintained by the designated agent.
2. Level B
- a. Terms of remediation and counseling (as applicable) for level B issues are decided on a case by case basis after the entire fact finding has been done.
 - b. All Level B occurrences may be subject to peer review by a subcommittee of the CQI Leadership Team, including at least one Prehospital Liaison Nurse.
 - c. The designated agent will develop recommendations on disposition following the review of a case. These recommendations will be forwarded to or discussed with the REMSA Medical Director, and an EMS Specialist or EMS Agency RN. The final decision regarding the disposition will be made by the REMSA Medical Director.

3. Level C

- a. Terms of remediation and counseling (as applicable) for level C issues are decided on a case by case basis after the entire fact finding has been completed.
- b. All Level C occurrences may be subject to peer review by a subcommittee of the CQI Leadership Team, including at least one Prehospital Liaison Nurse.
- c. All level C EMT and paramedic reviews will be in accordance with Title 22, Division 9, and Chapter 4, Sections 100173-100175 and Sections 100206-100228.
- d. All Level C EMT and paramedic reviews will be in accordance with California Government Code, Title 1, Division 4, Chapter 9.6 (Firefighters), Sections 3250 – 3262, also known as the “Firefighters Bill of Rights”.
- e. All level C EMT, and EMT certification, paramedic accreditation and MICN authorization reviews will be in accordance with Title 22, Division 9, and Chapter 6.
- f. The Designated agent will develop recommendations on case disposition following the review of a case. These recommendations will be discussed with the involved personnel and the REMSA Medical Director, and an EMS Specialist or EMS Agency RN. The final decision regarding the disposition will be made by the REMSA Medical Director.
- g. The disposition of level B and C issues may include but is not limited to:
 - i. Case review and counseling on the specific issues with a focused quality assessment review to monitor for recurrence for a period of six months.
 - ii. Didactic courses for remediation.
 - iii. Supervised field care audit with a written outcome summary.
 - iv. Supervised clinical time with a written outcome summary.
 - v. Didactic remediation with case scenarios.
 - vi. Topic-oriented research.
 - vii. Development of in-service or written paper on a specific topic with supervised review.
 - viii. PCR review with a written outcome summary.
 - ix. Focused quality assessment review of ongoing care including but not limited to: PCR review, liaison ride-along and tape review.
 - x. Implementation of disciplinary process with the potential outcome of action taken on certification/accreditation/authorization. These occurrences will be in accordance with regulations described above in 3.c and 3.d.
- h. Written agreement will include but is not limited to:
 - i. Identification of specific problem(s).
 - ii. Recommendations.
 - iii. Consequences for failure to comply.
 - iv. Identification of specific written future expectations including the expected time frame for these expectations to be completed.
- i. Personnel will sign in person an acknowledgement of the counseling, recommendations and/or remediation.

Loop Closure

Loop closure/feedback will be provided by REMSA via email, letter and/or phone call to the involved agencies/hospitals after the review process is complete.



EMS Occurrence Reporting Form

Date: _____ Unit number: _____

From: _____ To: Quality Improvement Coordinator

Date of Occurrence: _____ Occurrence #: _____

Location of Occurrence: _____

Time of Occurrence: _____ Type of Occurrence: _____

Receiving Hospital: _____

Scene Setting:

Patient (s) Condition:

Chronological Listing of Events / Issues with occurrence:

***See the following page for additional supporting documents needed**

When reporting an occurrence please ensure ALL of these documents accompany the above form prior to reporting to REMSA for review.

Pre-Hospital reporting: (Applies only when occurrence was in the pre-hospital setting)

Was an internal review done?: Yes / No / In progress (circle one)

- Narratives from crews involved
- Dispatch recordings if applicable
- ePCR
- Any other documentation to assist in the review process

Hospital reporting: (Applies when a hospital or PLN report an occurrence to be reviewed)

Was an internal review done?: Yes / No / In progress (circle one)

- Base hospital recording
- Nursing notes
- MD dictation if available
- Any other documentation to assist in the review process