

CENTRE FOR PREHOSPITAL CARE PROCEDURE

CATEGORY: Program Specific
REVIEW DATE: September 2024
SUBJECT: EVENT ANALYSIS

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Approval: Corey Petrie, Chair, HSN CPC Council Electronic signature: 	Date: September 18, 2024

PURPOSE

HSN CPC will review clinical concerns¹ as directed in the Advanced Life Support Patient Care Standards (ALS PCS) and Performance Agreement and in accordance with the signed Memorandum of Understanding (MoU) with Paramedic Service Providers in northeastern Ontario.

Special Instructions

In the event of an error in the delivery of patient care, the Paramedic will report as follows:

- Document on the Ambulance Call Report (ACR)
- Report to the Centre for Prehospital Care via the Self-Report process
- Report verbally to the accepting emergency department physician to mitigate potential impacts to the patient
- Follow their employer's procedures

PROCEDURE

The Centre for Prehospital Care will assess all matters regarding patient care to determine whether there is a Patient Care Concern and the Employer will assist where required. Where a matter regarding patient care is identified by the Employer that may be a Patient Care Concern, the Employer will notify the Centre for Prehospital Care in accordance with the ALS PCS via the IQEMS "Self Report" form.

METHOD

Upon receipt of an internal or external concern, the concern will be reviewed to determine if it is a Basic Life Support Patient Care Standard (BLS PCS) or Advanced Life Support Patient Care (ALS PCS) concern. If deemed BLS, the ACR will be audited and findings will be forwarded to the Service Provider for their analysis.

For concerns requiring a **Medical Review**:

1. The case will be registered in IQEMS;

¹ Including Failed Patches

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2. The Ambulance Call Report will be audited by a Paramedic Practice Coordinator (PPC);
3. A preliminary review, including gathering the necessary information and discussing the event with the paramedic will be initiated when applicable;
4. Notification to the Paramedic(s) and Service Provider of the concern will be forwarded in writing as soon as possible.
5. A review of the findings with the appropriate Medical Director/Advisor will be completed. Based on the findings one or more of the following may occur:

A. Paramedic interview with Medical Advisor	If an interview is required, the Service Provider will participate ² and coordinate the meeting with the appropriate PPC and be invited to participate in the discussion.
B. Provide remediation	The Medical Director/Advisor may propose coaching or remediation via an Education Plan as per the ALS PCS Certification Remediation Standard.
C. Temporary deactivation of the Paramedic	The Medical Director may propose deactivation as per the ALS PCS Certification Deactivation Standard.
D. Close the analysis with or without recommendations	A final report will be completed and distributed accordingly. When applicable: • System recommendations will be presented at Program Council. • Technical recommendations will be forwarded to the Communications and Informatics Lead. • Paramedic recommendations will be dealt as detailed in B, C or D.

REFERENCES AND RELATED DOCUMENTS

1. Advanced Life Support Patient Care Standards Emergency Health Regulatory and Accountability Branch, Ontario Ministry of Health
2. Incident Analysis, Canadian Incident Analysis Framework. Edmonton: Canadian Patient Safety Institute
3. Memorandum of Understanding, HSN CPC & Paramedic Service Operators
4. Just Culture Systems and Behaviors Response Guide©, SG Collaborative Solutions, LLC
5. HSN CPC Ambulance Call Report Review Process
6. HSN CPC IQEMS Case Review Notification (Standard of Work)

DEFINITIONS

Deactivation: means the temporary revocation, by the Medical Director, of a Paramedic's Certification (ALS PCS)

² Attendance by a Service Representative is not mandatory and is left at the discretion of the Service.

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Employer: means an ambulance service operator certified to provide ambulance services as defined in the Ambulance Act

Level of Escalation:

- Level 2 (Manager) From auditor to PPC
- Level 3 (MD) From PPC to QI Lead for MD Review

Minor Omission or Commission means an action or lack of action, including the performance of a Controlled Act or other advanced medical procedure listed in the ALS PCS, by the Paramedic that may have negatively affected patient care in a way that would delay care to the patient or lengthen the patient's recovery period, but has not negatively affected patient morbidity (ALS PCS);

Major Omission or Commission means an action or lack of action, including the performance of a Controlled Act or other advanced medical procedure listed in the ALS PCS, by the Paramedic that has negatively affected or has the potential to negatively affect patient morbidity without a potentially life, limb or function threatening outcome (ALS PCS);

Critical Omission or Commission means the performance of a Controlled Act or other advanced medical procedure listed in the ALS PCS that a Paramedic is not authorized to perform; or an action or lack of action, including the performance of a Controlled Act or other advanced medical procedure listed in the ALS PCS, by the Paramedic that has negatively affected or has the potential to negatively affect patient morbidity or mortality, with a potentially life, limb or function threatening outcome.

Paramedic Practice Review Committee (PPRC) is a committee that performs an independent, external advisory role, providing information and expert opinion to the Medical Director on issues related to Paramedic practice when the Medical Director is considering Decertification of a Paramedic (ALS PCS);

Patient Care Concern means a Critical Omission or Commission, Major Omission or Commission, or Minor Omission or Commission (ALS PCS);

Reactivation means the reinstatement of a Paramedic's Certification after a period of Deactivation (ALS PCS);

Remediation is a customized plan by the RBHP to address a Patient Care Concern or to address any concerns identified during Certification, including a failure to meet a requirement for the maintenance of Certification (ALS PCS).