

Department of Emergency Medicine
Division of Emergency Medical Services
Office of the Medical Director

Incident Review Process

This document defines classification guidelines for varying levels of severity with regards to adverse events. It establishes criteria for immediate action and guides further discussion and peer review prior to final decision regarding the actual nature of the incident.

Definitions:

Within this document:

“Office of the Medical Director” refers to the staff including the Medical Director, Assistant Medical Director, training/quality specialist, administrative specialist, and any designees as determined by the aforementioned.

“Provider” will be used to refer to the individual(s) who's actions are under review for a given incident.

“Peer Review” involves a conversation between members of the Office of the Medical director and individuals practicing in the county at the same level of care as the Provider.

All units of time refer to calendar units and include weekends/holidays.

Process:

1. Notification of Incident: Upon becoming aware of a possible adverse patient event by provider self-report, concern voiced by other individuals, chart review or other means, direct communication should immediately be made with the shift supervisor, training officer, department officer or their designee. Should none be available, communication can also be made with the office of the medical director.
2. Triage of Incident: The notified individual shall use the guidelines in this document to make an initial determination of severity. This determination should occur as soon as possible. This determination will be referred to as “Preliminary Category of Incident”
3. Action on Preliminary Category: Based on the guidelines in this document, further notifications will be required and definitive review will be scheduled. The severity of the preliminary category will relate to the speed and resources required for review. Additionally, the provider’s credentials within the County EMS system may be automatically limited or suspended.
4. Review - A review of the incident will occur with suggested staff within the time frame detailed in this document. Depending on circumstances, this may occur internally by the Office of the Medical Director or by use of a peer review committee. These individuals will investigate the nature of the incident and make a determination as to actual level of severity, termed here as definitive category.
5. Action on Definitive Category: After review has determined the definitive category of the medical incident, action to restrict, suspend, or remediate the providers involved may be taken in accordance with this guideline at the discretion of the medical director.
6. Opportunity For Appeal: A provider wishing to appeal the decisions made through the incident review process may do so based on the appeal process detailed on the last page of this document.

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Preliminary Categories of Incidents:

Preliminary Category 0: Upon review, these are incidents determined to have rendered no substandard care and have no deviation of protocol. These may be items that were flagged incorrectly due to differences in opinion, as a false activation of the quality review process. Other examples include minor documentation issues that do not alter the quality of the medical record. Additionally, purely operational issues that have no direct or indirect impact on medical care can be considered in this category (ex: provider personal hygiene, shift tardiness, etc). Incidents in this category may be referred to the Office of the Medical Director at the discretion of the reviewing party. There is no mandate for action towards the provider.

Preliminary Category 1: Upon review these are incidents determined to have a minor deviation in the standard of care or protocols without any direct adverse event to the patient. Examples include but are not limited to: inappropriate method of patient moving/packaging and early termination of cardiac monitoring. These incidents will be referred to the Office of the Medical Director for review which will occur internally or by peer review within a goal of 2 weeks from date of notification. There is no mandate for action towards the provider.

Preliminary Category 2: Upon review, these are incidents determined to have a substantial breach in the standard of care or protocol that did not appear to cause any direct harm to the patient. Examples include but are not limited to: minor medication errors not causing harm or deterioration, oligoanalgesia, failure to recognize or treat a non time sensitive medical condition. These incidents will be referred to the Office of the Medical Director for review which will occur internally or by peer review within a goal of 1 week from date of notification. The provider shall be made aware that a category 2 review was submitted with the purpose of allowing the provider to self-educate on the error.

Preliminary Category 3: Upon review, these are incidents determined to have a substantial breach in the standard of care or protocol that did impact the patient, either requiring minor additional interventions or causing minor harm. Examples include but are not limited to: serious medication errors, all patient falls while in the care of EMS, failure to recognize or properly treat time sensitive medical conditions (seizure, STEMI, etc). These incidents will be referred to the Office of the Medical Director for review which will occur by peer review within a goal of 3-5 days from date of notification. Notification of the Office of the Medical director must occur immediately upon determination, as the provider's ability to function in the county may be limited pending review.

Preliminary Category 4: Upon review, these are incidents determined to have a substantial breach in the standard of care that caused severe harm to the patient. This category also includes: assault and battery of the patient regardless of degree of harm, flagrant abusive behavior towards medical staff, narcotic diversion or misuse. These incidents will be referred to the Office of the Medical Director for review which will occur within a goal of 3 days from date of notification. The provider is automatically suspended from all patient care in the county and the Medical Director or his/her designee must be notified immediately.

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Definitive Categories of Incidents:

Definitive Category 0: Incidents confirmed as Category 0 by the review process are those determined to have rendered no substandard care and have no deviation of protocol. Should this require further evaluation from an operations / employment standpoint, this will be relayed to the provider's EMS agency. This incident will not flag the provider's QM record as having any deficiencies.

Definitive Category 1: Incidents confirmed as Category 1 by the review process are those determined to have a minor deviation in the standard of care or protocols without any direct adverse event to the patient. The Office of the Medical Director will notify the provider of this determination and provide feedback on how to improve patient care. If a provider is found to have three Category 1 incidents within a 12 month period, the Medical Director may opt to have the provider undergo remediation with restrictions on his/her privileges.

Definitive Category 2: Incidents confirmed as Category 2 by the review process are those determined to have a substantial breach in the standard of care or protocol that did not appear to cause any direct harm to the patient. The Office of the Medical Director will provide an educational exercise to provide remediation regarding the incident. If a provider is found to have two or more Category 2 incidents within a 12 month period, the Medical Director will restrict privileges, the provider will perform patient care with a preceptor. Restoration of privileges will require in-person assessment by the Office of the Medical Director.

Definitive Category 3: Incidents confirmed as Category 3 by the review process are those determined to have a substantial breach in the standard of care or protocol that did impact the patient, either requiring minor additional interventions or causing minor harm. The provider will be restricted to practicing at a level one lower than their certification for 3 months or a duration to be determined by the Medical Director. A substantial portion of this time will involve patient care with a preceptor and submission of performance reports. Restoration of privileges will require in-person assessment by the Office of the Medical Director. The North Carolina Office of EMS will be notified of this incident.

Definitive Category 4: Incidents confirmed as Category 4 by the review process are those determined to have a substantial breach in the standard of care that caused severe harm to the patient, or an action so egregious to cause the Medical Director to lose faith in the provider's ability to render safe care within the county. The provider will have all patient care privileges suspended indefinitely. Restoration of privileges is not guaranteed and may occur through an individualized pathway to be determined by the Medical Director.

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Appeal Process:

A provider wishing to appeal the decisions of the review process may do so through the following steps. This pathway represents due process regarding medical privileges within the county and facilitates further investigation and analysis regarding the incident at the request of the provider.

1. Within 7 days of notification of the Definitive Category of Incident, the provider will provide a paper written intent of appeal to the Office of the Medical Director. This may be sent by mail or hand delivered to the Division of EMS office building.
2. The intent to appeal will be a signed and dated document that specifically indicates if the appeal is regarding the Definitive Category of Incident, the actions taken by the Office of the Medical Director, or both. It will also include a request for the appeal to occur through discussion with the Medical Director or his/her designee, Peer Review, or both.
3. Upon receipt of a valid, timely intent to appeal, the Office of the Medical Director will determine the time frame for appropriate scheduling of either a meeting with the Medical Director or a Peer Review session. The time frame will be set on an individualized basis.
4. At the discretion of the Medical Director the provider may be asked to appear before the county QM meeting which occurs 4 times annually. If this occurs, it is considered an activity of Peer Review.
5. Pending the appeal discussions, all previously determined actions regarding remediation, restriction and privileges are still valid and enforced.
6. After the appeal discussions have occurred, the Office of the Medical Director will notify the provider of any changes in the initial determinations.