PURPOSE
The purpose of this policy is to define the counseling and remediation parameters associated with the review, processing, and adjudication of unusual occurrences. Use of the online Policy 7102 Reporting Form (found here: https://forms.office.com/g/yAMDeLNq1S) to submit incidents is mandatory.

AUTHORITY
California Health and Safety Code - Division 2.5: Emergency Medical Services [1797. - 1799.207.]
California Code of Regulations, Title 22. Social Security, Division 9, Chapter 12 - EMS System Quality Improvement

DEFINITIONS
Reporting Party
The individual, agency, or organization that first discovers, or becomes aware of, an occurrence.

Coordinating Party
The organization responsible for coordinating the review of occurrences. If the personnel involved are from:
- An ALS provider agency AND a base hospital (BH): The BH will be the coordinating party.
- An ALS provider agency only: The ALS provider agency will be the coordinating party.
- Any non-ALS provider agency or non-base hospital: REMSA will be the coordinating party. When necessary, REMSA may assign the review to an appropriate coordinating party.

Designated Agent
The individual within a coordinating party who is responsible for participating in the review of an occurrence.
- For EMTs and paramedics: The Designated Agent will be the CQI Coordinator within the individual’s organization.
- For MICNs, BH physicians (BHP), and other BH personnel: The Designated Agent will be the Prehospital Liaison Nurse (PLN).
- All other parties: The Designated Agent will be the employers’ CQI Coordinator. In the event that the organization does not have a CQI Coordinator, or an equivalent, REMSA will act as the Designated Agent.

Occurrence
An incident or event in which any Federal, State, or local law, or any REMSA policy or protocol was violated, either intentionally or unintentionally. Occurrences are identified by level of severity, which include the following:

Level A
a. Identified occurrence(s) not meeting the criteria listed below (Level B), where education/remediation is necessary to mitigate the root cause of the occurrence.

Level B
a. Non-compliance with treatment protocols or policies with or without the potential for patient harm.
b. Care rendered or ordered outside scope of practice as defined by REMSA policies and procedures.

Based on its severity and confounding circumstances, REMSA may choose to assign an occurrence to a higher or lower level than what is described above.

Occurrence Review Process
Level A
1. The Coordinating party receiving the initial report will forward it to their Designated Agent.
2. The Designated Agent will notify the involved personnel of a Level A occurrence. A copy of the notification is to be kept by the Coordinating party. Additional copies may be sent to other involved agencies as needed.
   a. The notification will include information regarding the incident as well as clear articulation of the cause(s) for
concern. Involved personnel will be required to submit all requested documentation within fourteen (14) calendar days. The documentation must be kept by each agency participating in the occurrence review.

3. If no response is received within fourteen (14) days, a second request will be sent.
4. If no response to the second request is received within fourteen (14) days, REMSA may be notified for assistance.
5. Review of responses, and decisions regarding case disposition, will be performed by the Designated Agent.
   a. A BH Physician (BHP) and/or provider agency Physician Advisor may be involved in Level A occurrences and may collaborate with Designated Agent, if/when necessary.
6. In all cases, the coordinating party is responsible for concluding the review.

Level A – Counseling / Remediation

- The Designated Agent may involve a BHP and/or provider agency Physician Advisor in the counseling and remediation process of Level A occurrences.
- Expectations of specific remediation will be clearly defined.
  o Documentation of Level A occurrences will be kept with the Designated Agent for each agency involved.

Level A – Loop Closure

Loop closure and feedback will be provided by the Designated Agent via email, letter, and/or phone call to the involved parties after the review process is complete. Once all involved parties have been notified, the Designated Agent will complete the report process by submitting the occurrence to REMSA using the online Policy 7102 Reporting Form and by submitting all applicable supporting documents. Policy 7102 Reporting Form can be found here: https://forms.office.com/g/yAMDeLNq1S.

Level B

1. The party discovering the occurrence will be considered the Reporting Party. Notification to REMSA’s CQI Coordinator, as well as the Designated Agent within the involved personnel’s organization, is required within five (5) business days by phone, email, AND online submission form (here: https://forms.office.com/g/yAMDeLNq1S). Each coordinating party will submit all supporting documents listed below within five (5) business days of initial notification by the Reporting Party.
2. Only one (1) occurrence review report needs to be submitted; this should be done by the Designated Agent. Occurrence reviews cannot be initiated unless (when applicable) all items below have been provided.
3. Final occurrence reviews will be conducted by REMSA. The occurrence process may include but not be limited to review of pertinent medical records including the ePCR, BH log ePCR, crew and staff narratives, BH voice recordings, etc. A formal interview with involved personnel to review the facts may be arranged through the involved personnel’s Designated Agent if requested by REMSA.
4. REMSA may ask for additional documentation to support the occurrence review process.
5. The statute of limitations for each identified problem is one (1) year, or more, based on the individual agency’s policies.

Supporting documents

Pre-Hospital reporting:
1. Narrative(s) from all crew members involved
2. Dispatch recordings, if applicable
3. Dispatch log of events
4. Remediation/education delivered (Record(s) of Conversation, summations, PIP, CEP, or equivalent)
5. BH recording, if applicable to the review

Hospital reporting
1. BH voice recording(s) and log notes
2. Hospital ePCR
3. MICN or RN narrative(s)
4. MD dictation, if applicable
5. Documentation of remediation/education that was delivered (Record(s) of Conversation, summations, PIP, CEP or equivalent)

Level B – Counseling / Remediation

- Terms of counseling and/or remediation (as applicable) for Level B occurrences are decided on a case-by-case basis, only after the fact-finding phase has been completed.
• All Level B occurrences may be subject to peer-review by a subcommittee of the CQI Leadership Team (CQILT), including at least one (1) Prehospital Liaison Nurse.

• The Designated Agent will develop disposition recommendations following final review of a case. These recommendations will be forwarded to, or discussed with, the REMSA EMS Specialist, Medical Director, or RN in the form of a formal Record of Conversation, summation, or clinical performance plan. The final disposition decision will be made by the REMSA Medical Director.

• The disposition(s) of Level B occurrences may include but not be limited to:
  o Case review and counseling with a focused quality assessment evaluation to monitor performance. The evaluation period will last for six (6) months.
  o Refresher didactic courses for remediation, which may include topic-oriented research, case scenarios, etc.
  o Supervised field care audit(s) and/or clinical time with a written outcome summary.
  o Development of an in-service training or written paper based on a specific topic, clinically reviewed.
  o ePCR review with a written outcome summary.

• Written educational plans will include but not be limited to:
  o Identification of concerns and associated educational objectives, as well as timelines for completion of each.
  o Consequences for failing to comply with or meet the identified educational objectives.
    ➢ Involved personnel will be required to sign an acknowledgement of the counseling, recommendations, and/or remediation plan they are expected to follow.

Failure to comply with, or successfully complete, counseling/remediation plan(s) may result in the coordinating party / Designated Agent requesting that REMSA initiate administrative or disciplinary action(s) against the provider’s certification / accreditation / authorization, in accordance with REMSA Policy #1301 (Discipline and Enforcement - http://www.remsa.us/policy/1301.pdf). Potential outcomes may include denial, probation, a temporary suspension order (TSO) and/or revocation of a provider’s certification / accreditation / authorization.

Loop Closure
Loop closure and feedback will be provided by the Designated Agent via email, letter, and/or phone call to the involved parties after the review process is complete.