



**Title: Complaints**

**Number: 5.1**

**Category: 5.0 Quality Assurance**

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The Central East Prehospital Care Program (CEPCP) will investigate complaints regarding ALS PCS patient care issues involving Paramedics certified by CEPCP.

The following process will occur:

1. The Medical Director or designate will review all available/provided documentation.
2. Any patient care concerns will be discussed with the prehospital care providers involved.
3. The Medical Director or designate may provide a written statement to the complainant.
4. A summary of the complaint and its resolution will be sent to the providers' employer and the MOHLTC-EHSB (if appropriate).
5. A record of all complaints will be maintained by CEPCP.

Complaints received by CEPCP that do not involve patient care will be forwarded to the appropriate organization.

Complaints relating to EMS services within CEPCP catchment area will be handled by:

1. Taking the complainant's contact information and providing them with the contact information for the appropriate manager at the designated EMS service, or
2. CEPCP will contact the appropriate manager with the contact information for the complainant.



**Title: Guidelines for Patient Care Reviews**

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## **Guidelines for Patient Care Reviews**

### **1. Patient Care Concerns or Call Reviews\***

- If identified by the Base Hospital\* will be copied to the Employer.
- If identified by the Employer will be copied to the Base Hospital.

The identifying party is responsible for ensuring their Field Manager is notified (if applicable).

\*Minor patient care concerns identified during the CEPCP Continuous Quality Improvement (CQI) Program normally will be communicated between the Base Hospital and the paramedic directly. The employer will be made aware of minor concerns from aggregate reports. If the minor patient care concern becomes repetitive, CEPCP will inform the employer.

CEPCP will investigate complaints involving the administration or indication for administration of controlled acts and may investigate complaints related to paramedic professionalism. The investigating party will provide relevant evidence gathered with written conclusions, to the other parties within 2 weeks of receiving the complaint. If the investigating party requires an extension this will be communicated to the other parties and a new date of completion will be set. This does not preclude the other parties from conducting their own investigation.

To maintain and measure patient care performance CEPCP may perform field audits, ACR reviews and conduct other initiatives independent of complaint investigations.



## Central East Prehospital Care Program

**Title: Call Evaluation**

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Any ePCR/ACR may be subject to a call evaluation process to be completed by CEPCP.

In cases where Ambulance Call Evaluations (ACE) are completed for an ePCR/ACR the individual call evaluations are returned to the paramedic. The evaluation may indicate:

- “For your consideration/self-evaluation – Please review”. These evaluations are forwarded to the paramedic for their own records and review.
- “Follow up to previous conversation”. No action required by the paramedic.
- “Please call the Base Hospital office”. Action is required by the paramedic.
- “Paramedic written response required”. Action is required by the paramedic.

The paramedic is required to call or write the Base Hospital Program within two weeks of receipt of the evaluation. Paramedics may call CEPCP using the toll free number. Should the paramedic not contact CEPCP, a reminder letter with a copy of the evaluation is sent to the paramedic through their email on file. If the paramedic still has not contacted CEPCP a third reminder is sent to the paramedic that is followed up by a phone call to ensure receipt of the previous communications. Once all attempts to contact the paramedic have been exhausted a deactivation may occur as a last resort for gross non-compliance.

ALSPCS variances identified will be categorized following the definitions outlined in the current ALSPCS and further subcategorized for the purpose of tracking if variances.

If potential BLSPCS patient care issues are identified, CEPCP will notify the appropriate service provider.



**Title: Disclosure**

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## **Introduction**

The purpose of this Addendum is to:

1. Affirm that patients, their Substitute Decision Maker (SDM) or legal representative are entitled to be informed of all aspects of their care including the right to disclosure of harm that may have occurred during the course of receiving pre-hospital health care.
2. Create a standardized mechanism to disclose patient safety incidents without the attribution of blame.
3. Ensure patients, their SDM or legal representative will receive prompt and thorough interventions for any harm suffered or anticipated, during pre-hospital health care.
4. Ensure Patients, their SDM or legal representative receive the required information as soon as practical.
5. Affirm that disclosure is a process that includes the initial disclosure and post analysis disclosure.  
Disclosure is an ongoing process that begins when harm is identified and continues through to subsequent discussions depending on the nature of the event.

## **Definitions**

**“Apology”** – A genuine expression that one is sorry for what has happened. Includes a statement of responsibility if such is determined after analysis (CPSI, 2011).

**“Harm”** – Impairment of structure or function of the body and/or any deleterious effect arising there from. Harm includes disease, injury, suffering, disability and death (CPSI, 2011).

**“Disclosure”** – the process led by the Ambulance Service in cooperation with the Base Hospital by which a Patient Safety Incident is communicated to the patient or substitute decision maker by the Ambulance Service (CPSI, 2011) and for the purpose of the policy means:

- Initial Disclosure – the discussion led by the Ambulance Service that occurs with the patient or substitute decision maker as soon as reasonably possible after a patient safety event has been reviewed by the programs.
- Post Analysis Disclosure – this second stage of disclosure by the Ambulance Service occurs after an analysis of a patient safety event identifies contributing factors to the event. The patient or substitute decision maker should be updated on this information through continued discussions by the Ambulance Service.

**“Patient Safety Incident”** – An event or circumstance which could have resulted, or did result, in unnecessary harm to a patient (CPSI, 2011). Includes:

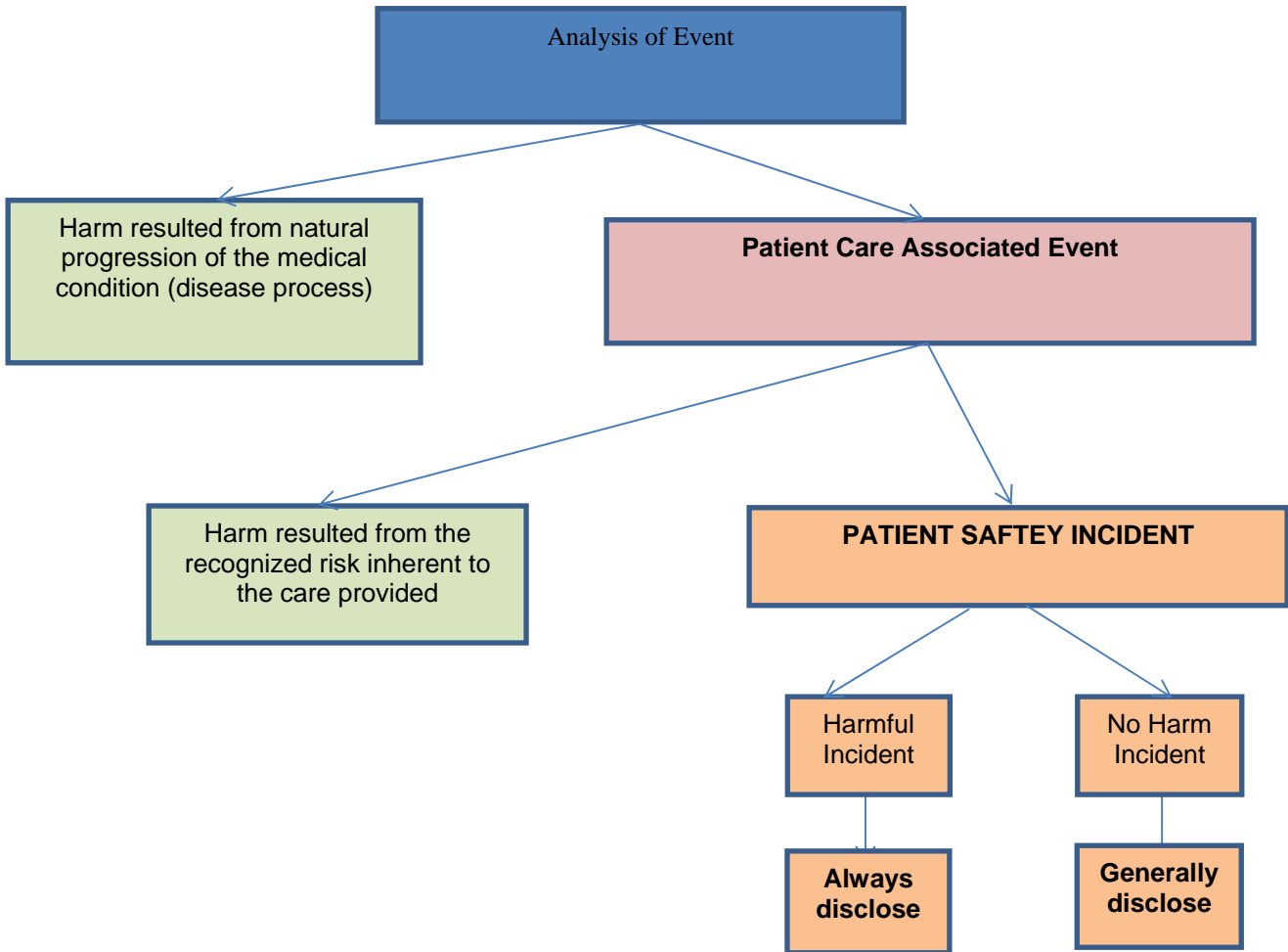
- Harmful incident – a Patient Safety Incident that resulted in harm to the patient.
- No Harm incident – a Patient Safety incident which reached the patient but no discernible harm resulted.



## Central East Prehospital Care Program

### Indications for Disclosure

Even with the best of care and skill, almost all medical investigations or treatments may result in harm. This holds true in the pre-hospital care environment as well. Whenever a patient suffers harm, whatever the reason, the healthcare provider or organization has an obligation to communicate to the patient about that harm and, if applicable, the event that led to that harm. (CPSI, 2011).



Disclosure is indicated if there has been any harm related to a patient safety incident, or if there is a risk of potential future harm. When uncertain about whether harm has occurred, further consultation may be required including, if appropriate, consulting legal counsel.

In deciding whether to disclose a no-harm incident the Ambulance Service and Base Hospital should consider whether a reasonable person would want to know about the event in the circumstances. Disclosures for “no-harm” events are to follow the same process as when a patient suffers harm.



### Central East Prehospital Care Program





## Central East Prehospital Care Program

### **Disclosure Process**

The Ambulance Service and the Base Hospital will work cooperatively on all steps of the disclosure process once a Patient Safety Incident has been identified.

- The Patient Safety Incident will be discussed by both programs to determine if harm occurred and if a Disclosure is required.
- Disclosure should occur as soon as reasonably possible after an incident. However consultation with legal counsel or risk management may be required by either the Ambulance Service or Base Hospital. A period of up to five common working days may be required for a consultation period. In cases where information is required for ongoing patient care, Disclosure may occur immediately.
- In circumstances where Disclosure is not required, each program will conduct an Incident Analysis/Investigation following their own internal processes.
- Where it has been determined that a Disclosure is required the programs will plan and execute the initial Disclosure which shall be delivered by the Ambulance Service, the Incident Analysis and Post Analysis Disclosure
- Paramedics are required to report circumstances where they have identified a Patient Safety Incident to the staff at the receiving facility. In some cases staff at the receiving facility may complete an initial disclosure without notification of the Ambulance Service or Base Hospital. In these circumstances the Ambulance Service and Base Hospital will complete the Incident Analysis and Post Analysis Disclosure.

### **How to Make Disclosure**

Disclosure should occur over two stages: an “initial Disclosure” and a “post-analysis Disclosure”. Initial Disclosure should be provided to the Patient by the Ambulance Service on a prompt basis, and should reflect known facts and immediate next steps in providing health care. Post-analysis Disclosure should be provided by the Ambulance Service once the Patient Safety Incident has been investigated, and the facts relating to that event have been determined. Post-analysis Disclosure generally consists of an update to the initial Disclosure.

The following guidelines should inform how Disclosure is made (whether initial Disclosure or post-analysis Disclosure):

- avoid using the term “error” because it often misrepresents the reasons for an Patient Safety Incident – it also carries with it a sense of blame that is often inappropriate, especially before all the facts are known;
- ask the Patient if he/she would like another person present (e.g. spouse);
- use plain language and avoid medical terminology;
- do not speculate or blame others;
- impress on the Patient how seriously both programs are taking the situation;
- summarize and test for the Patient’s understanding of the facts;
- allow the Patient time to express his or her feelings; and
- allow time for questions.

### **Disclosure Team**

The choice of who will participate/lead in the disclosure meetings is informed by, setting, type of Patient Safety Incident, the severity of the incident and Ambulance Service or Base Hospital Policy.

Consideration for team members:

- Base Hospital Medical Director or designate.
- Ambulance Service Chief/Director or designate.
- Base Hospital Clinical lead (Clinical Manager or Coordinator).
- Ambulance Service Professional Standards lead or equivalent.
- The most responsible paramedic provider.



## **Central East Prehospital Care Program**

### **Disclosure Location**

The choice of setting and location for Disclosure meetings is important. Meetings should be, to the extent possible:

- In person.
- At a location and time of the patient's preference.
- In a private area to maintain confidentiality.
- In a space that is free from interruptions.

### **What to Disclose at the Initial Disclosure Meeting**

At the initial Disclosure meeting the following information should be provided:

- A description of the Patient's clinical condition as it now exists.
- A description of the facts of the Patient Safety Incident and its outcome, as known at the time.
- An Apology.
- An outline of the steps taken, and the recommended options and decisions, in the care of the Patient.
- The investigative process for the Patient Safety Incident, and what the Patient can expect to learn from the investigation, including appropriate timelines.
- An offer of future meetings, including contact information for relevant individuals.
- An offer of practical and emotional support.

### **Documenting the Initial Disclosure Meeting**

The following information should be documented in respect of the initial Disclosure meeting:

- Time, location and date of meeting.
- Name and roles of those present.
- Facts presented.
- Participants' reactions and responses.
- Questions raised by Patient (and anyone accompanying the Patient) and answers given.
- Agreed-upon next steps.

### **What to Disclose at a Post-Analysis Disclosure Meeting**

At the post-analysis Disclosure meeting with the Patient, the following information should be provided as part of the Disclosure:

- A description and discussion of newly uncovered facts relating to the Patient Safety Incident, if any, including what steps have been taken to prevent similar harm to others.
- An Apology.
- Any appropriate emotional support for all those involved.

### **Documenting the Post-Analysis Disclosure Meeting**

The following information should be documented in respect of the post-analysis Disclosure meeting:

- Time, location and date of meeting.
- Name and roles of those present.
- Facts presented.
- Whether an Apology was provided and what was said in respect of the Apology.
- Participants' reactions and responses.
- Questions raised by Patient (and anyone accompanying the Patient) and answers given.
- Plan for any further follow-up, as necessary.