



## **EMS SPONSOR HOSPITAL POLICY** **ADVERSE EVENT AND ERROR REPORTING**

### **Purpose:**

Uniform reporting of adverse EMS patient care events and errors to facilitate activities for improving patient safety.

### **Scope:**

All Hartford Hospital Sponsored EMS Providers

### **Policy:**

In the case of a medication error or adverse patient care event, first priority shall be given to patient care and preventing or mitigating patient injury. Direct online medical control should be established as soon as possible. A full report of the event and subsequent interventions must be given to the receiving physician and nurse.

All sponsored EMS providers will submit a completed adverse event report form to their agency management (in a manner consistent with their agency's policy) and the Hartford Hospital EMS Coordinator via email within 24 hours following any adverse event which resulted in harm or could potentially have resulted in harm to a patient. This notification is to be made directly by the individual provider to the EMS Coordinator unless individual agency policy specifies this notification is to be made by management through the chain of command. In such cases involving death or serious injury to a patient, agency management shall also verbally notify the EMS coordinator as soon as possible following the patient encounter. A copy of the ePCR (or run # for electronically accessible records) and any additional incident reports related to the adverse event or error shall be forwarded to the Hartford Hospital EMS Coordinator upon completion.

Reportable adverse events may include but are not limited to:

- Esophageal intubation unrecognized for greater than 30 seconds
- Medication error (wrong dose, wrong route, wrong rate or wrong medication administered)
- Inability to administer an intervention indicated by patient condition and guidelines due to lack of availability of a required piece of equipment or medication
- Interventions provided beyond those specified in the EMS patient care guidelines or outside the provider's scope of practice. Examples might include:
  - Administration of a medication or dose requiring on-line medical control orders without approval
  - Insertion of an advanced airway by an EMT
- Ambulance accident or fire while transporting a patient

- Extravasation of amiodarone, calcium chloride, dextrose (>10% concentration), dopamine, epinephrine, magnesium sulfate, norepinephrine or sodium bicarbonate
- Release or elopement of a patient (of any age) who is unable to make decisions to other than an authorized person
- Any incident in which systems designed for oxygen or other gas to be delivered to a patient contains no gas, the wrong gas, or are contaminated by toxic substances
- Allergic/anaphylactic reaction to a medication administered by a sponsored provider
- Patient injury or death associated with:
  - Action or inaction of an EMS provider
  - Use or function of a device in patient care, in which the device is used or functions other than as intended.
  - Intravascular air embolism occurring while being treated by EMS
  - Labor or delivery
  - Chemical/physical restraint
  - A fall while being cared for by EMS
  - Direct result of being lifted / moved by EMS