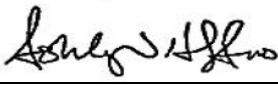


Methodist Health Services Corporation UnityPoint Health- Proctor EMS	Page # 1 of 2	Section:	Policy #: 8
	Approved by: 		Date: 02/2019 Review by: 2/2020
	Supersedes: Date Revised: 6/2017, 2/2019		
	Primary Responsible Parties: Dr. Ashley N. Huff Secondary Responsible Parties:		
	Joint Commission Standard:		
SUBJECT: INCIDENT REPORTING			

- I. POLICY:
Incident reporting
- II. PURPOSE AND STANDARD:
To define that situations that require incident reporting and the procedure for submitting them to the EMS Office.
- III. POLICY SCOPE: Departmental
- IV. GENERAL INFORMATION:
 - A. Incident Report Process:
Prehospital care providers shall complete a UnityPoint Health EMS System (or the individual agency) *Incident Report Form* whenever a System related issue occurs. In order to properly assess the situation and determine a solution to the issue, the following information needs to be provided on the form:
 1. Date of occurrence
 2. Time the incident occurred
 3. Location of the incident
 4. Description of the events
 5. Personnel involved
 6. Agency and/or institution involved
 7. Copy of the patient care record and/or any other related documents
 - B. All incident report forms shall be given to the EMS provider's immediate supervisor, training officer, or quality assurance coordinator who will assess the incident and will forward the report to the UnityPoint Health EMS System Coordinator within 24 hours.
 - C. The EMS QA Coordinator will review the incident and notify the EMS Medical Director and the appropriate course of action will be determined.

D. The EMS provider originating the report will be notified of the resolution.

E. Incident Report Indicators

1. Situations requiring EMS Office notification include:

- a. *“Any situation which is not consistent with routine operations, System procedures or routine care of a particular patient. It may be any situation, condition or event that could adversely affect the patient, co-worker or the System.”*
- b. Any deviation from UnityPoint Health EMS System policies, procedures or SMO’s.
- c. Medication errors
- d. Treatment errors
- e. Delays in patient care or scene response
- f. Operating on SMO’s when Medical Control contact was indicated but unavailable
- g. Violence toward EMS providers that results in injury or prevents the provider from delivering appropriate patient care
- h. Equipment failure (e.g. cardiac monitor, glucometer)
- i. Inappropriate Medical Control orders
- j. Repeated concerns/conflicts between agencies, provider/physician or provider/hospital conflicts
- k. Patterns of job performance that indicate skill decay or knowledge deficiencies affecting patient care

2. Situations subject to review and resolution at the agency level include:

- a. Conflicts between employees
- b. Conflicts between agencies (that do not impact patient care)
- c. Operational errors (that do not impact patient care)
- d. Behavioral issues (that do not impact patient care)