

Barriers to Self-Reporting Patient Safety Events by Paramedics



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Background

- Little research exists examining the extent to which patient safety events occur within EMS and fewer studies have investigated the self-reporting of patient safety events by paramedics

Objectives

- Identify the barriers to paramedic self-reporting of patient safety events; specifically, patient care variances (PCVs)*, near misses and adverse events

Methods

- Survey modeled after Handler *et al.*
- Lists 18 barriers to self-reporting; including 11 fear based barriers
- Presented for rating on a 5 point Likert scale; 1-5, very significant– very insignificant barrier to self-reporting
- Five different patient safety event clinical scenarios (near miss, adverse event, minor, major & critical PCV) were randomly distributed to 1,153 paramedics in Eastern Ontario during Fall CME 2012
- Survey also captures demographic data, responses related to respondents' intention to self-report the clinical scenario, and history of documenting false information

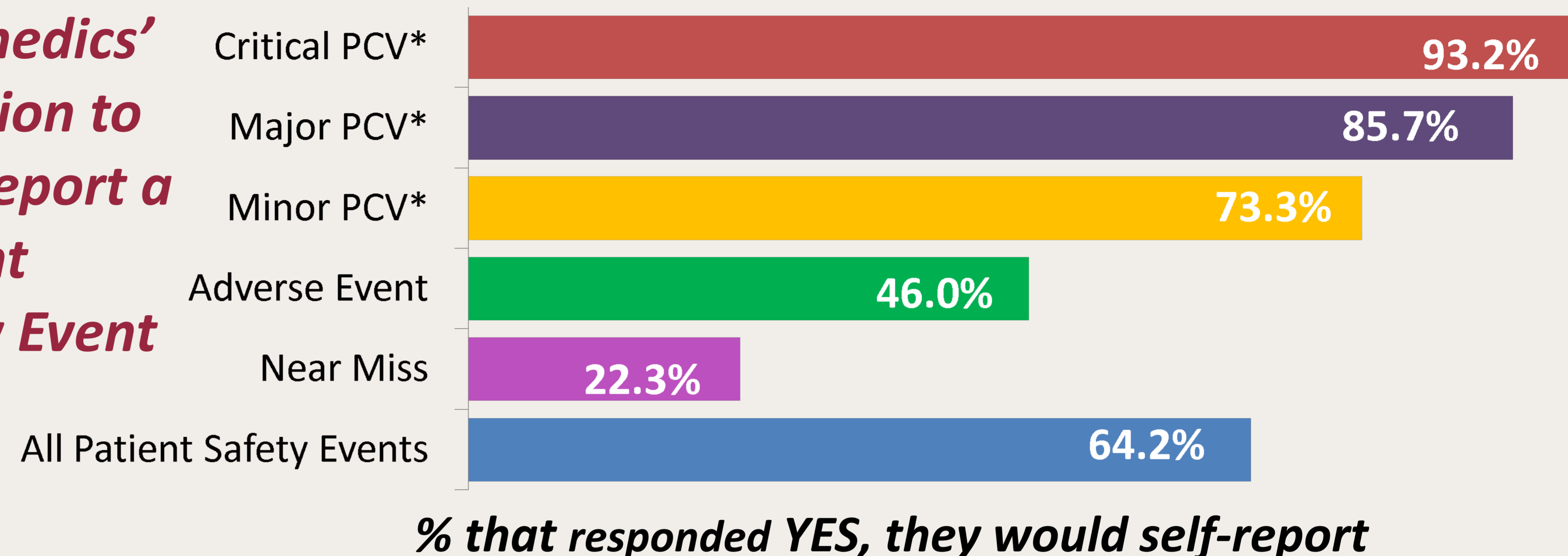
Characteristics of 1,133 Paramedic Respondents

Demographics	N=1,133
Working as an active paramedic	98.6%
Scope of practice	
Emergency medical attendant	0.4%
Primary care paramedic	71.3%
Advanced care paramedic	28.2%
No. of years certified as a paramedic (at any scope)	
< 1 year – 5 years	32.0%
6-10 years	22.9%
> 10 years	45.0%

Results

- No association was found between the scope of practice and intention to self-report (p=0.55)

Paramedics' Intention to Self-Report a Patient Safety Event



* A Patient Care Variance (PCV) is a deviation from the Advanced Life Support Patient Care Standards

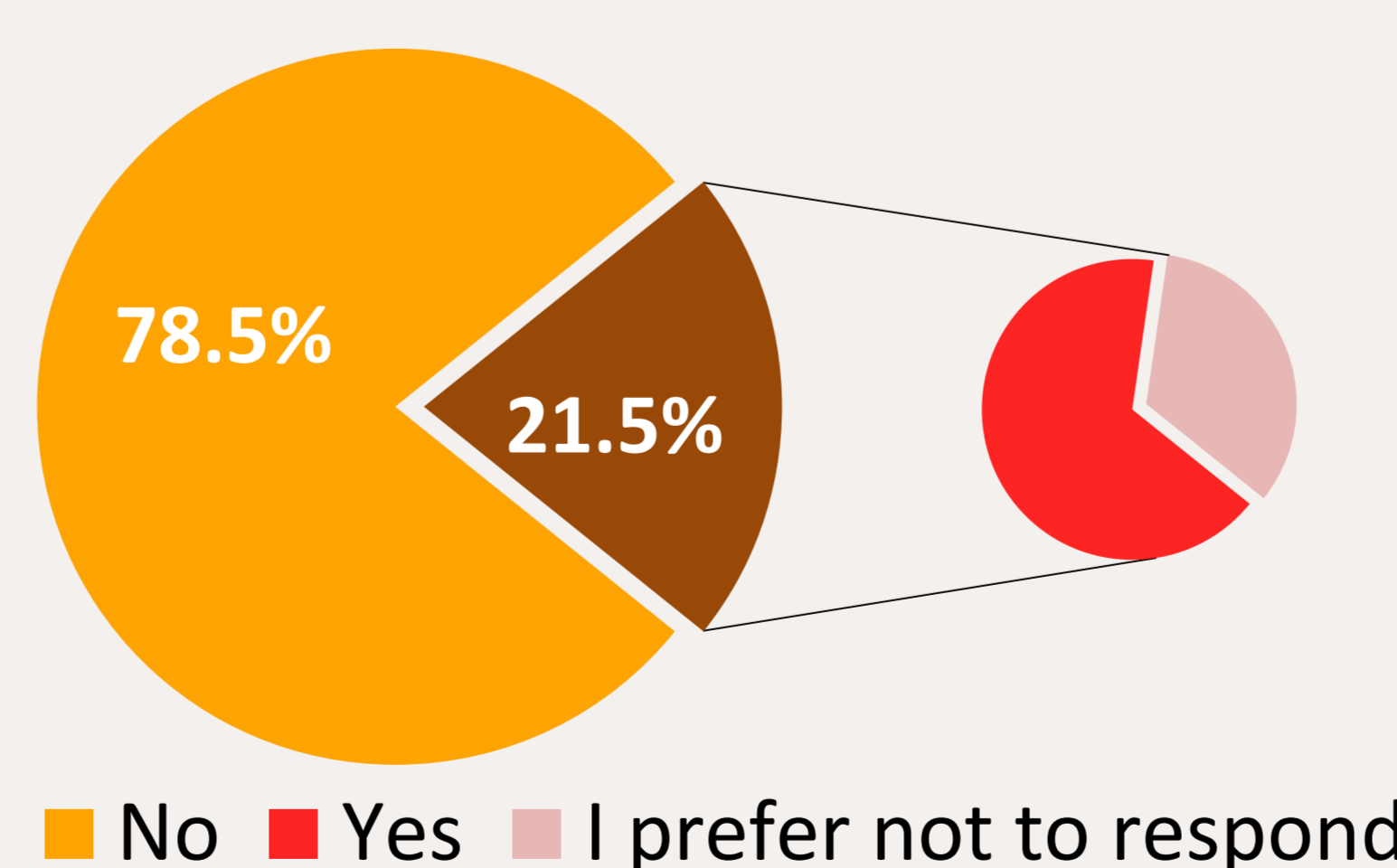
Most to Least Significant Barriers to Self-Reporting by Paramedics

1 = very significant barrier, 5 = very insignificant barrier

Barrier	Median (IQR)
Fear of being punished	1 (1,2)
Fear of deactivation (temporary suspension of certification)	1 (1,2)
Fear of decertification	1 (1,2)
Fear of being suspended and short-term income loss	1 (1,2)
Fear of termination and long-term income loss	1 (1,2)
Fear of a Ministry of Health and Long-Term Care investigation	1 (1,2)
Fear of being blamed	2 (1,2)
Lack of recognition that a 'X' has occurred	2 (1,3)
Lack of a culture of reporting a 'X'	2 (1,3)
Systems or forms used to report a 'X' are not readily available	2 (1,3)
Fear of losing the respect of fellow paramedics	2 (1,3)
Fear of losing the respect of service managers	2 (1,3)
Fear of losing the respect of base hospital staff and medical directors	2 (1,3)
Fear of liability or lawsuits	2 (1,3)
Lack of information on how to report a 'X'	2 (2,3)
Extra time required to document and report a 'X'	3 (2,4)
Belief that it is unnecessary to report a 'X' if the patient is not harmed	3 (2,4)
Belief that the RPPEO should identify all 'X' and that self-reporting is, therefore, not required	3 (2,5)

'X' denotes the patient safety clinical scenario event – near miss, adverse event or minor, major, or critical PCV

Have you ever documented false information to avoid 'getting into trouble' for being involved in a 'X'?



Conclusion

- A high proportion of fear-based barriers exist to self-reporting of patient safety events suggesting that a culture change is needed to facilitate the identification of future patient safety threats
- Many patient safety events, especially near misses and adverse events may be under-reported

Acknowledgments

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