



REGIONAL PARAMEDIC PROGRAM
FOR EASTERN ONTARIO

Barriers to Self-Reporting Patient Safety Events by Paramedics – A Mixed Method Approach

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Background

- Little research exists examining patient safety events in EMS and fewer studies have investigated self-reporting of patient safety events by paramedics

Objectives

- Identify the barriers to paramedic self-reporting of patient safety events and to obtain a better understanding of how to improve self-reporting from front line paramedic

Methods

- Survey modeled after Handler *et al.* and 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
- Two open ended questions to better understand how to improve self-reporting were also included
- Inductive approach used to identify emerging themes using NVIVO 10
- Survey also captures demographic data, responses related to respondents' intention to self-report the clinical scenario, and history of documenting false information
- Descriptive statistics and chi-square analyses performed

Characteristics of 1,133 Paramedic Respondents

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%

TOP 6 Barriers to Self-Reporting Patient Safety Events

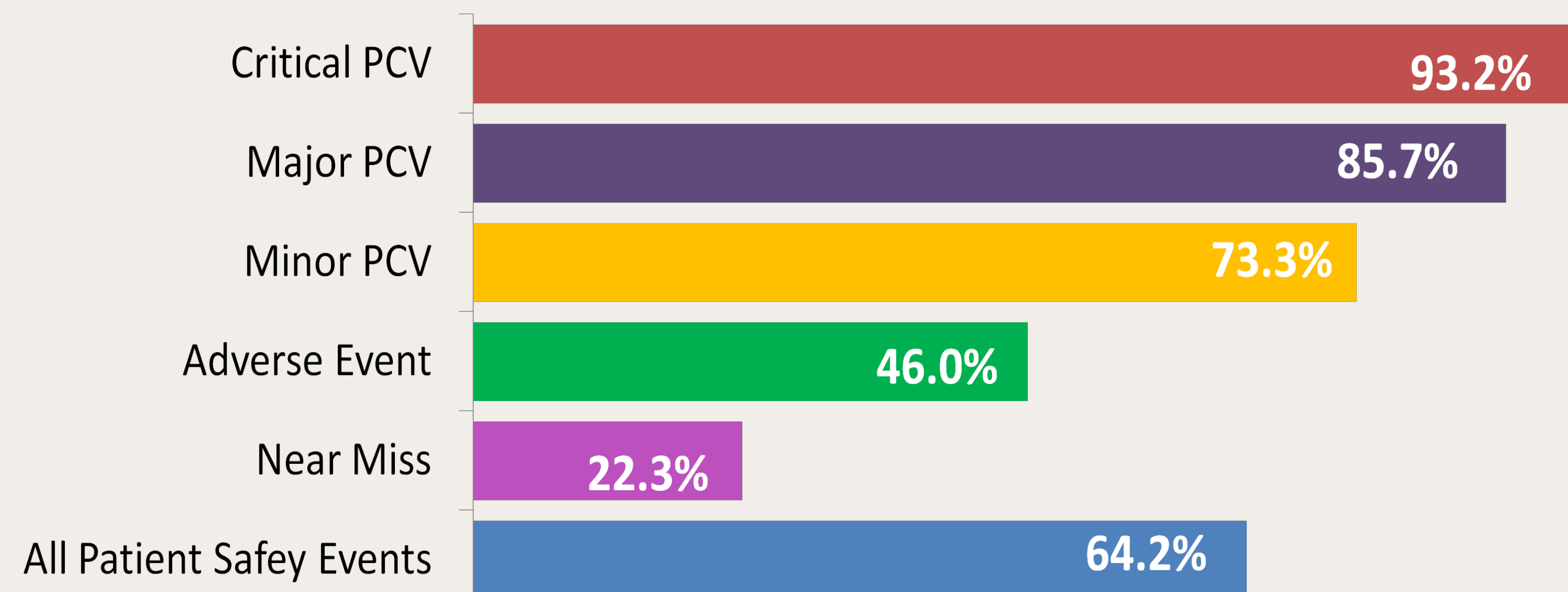
Fear of being punished	81.4%
Fear of being suspended	79.6%
Fear of termination	79.1%
Fear of a MoHLTC investigation	78.3%
Fear of deactivation	78.1%
Fear of decertification	78.0%

The % corresponds to the number of paramedics that selected either 1 or 2 = very significant barrier or significant barrier to self-reporting

Results

- No association found between the scope of practice ($p=0.55$) or years of experience ($p=0.10$) and intention to self-report
- Larger proportion of ACPs (19.3%) vs PCPs (12.1%) reported they had falsified documentation ($p=0.018$)

Paramedics' Intention to Self-Report a Patient Safety Event



% that responded YES, they would self-report

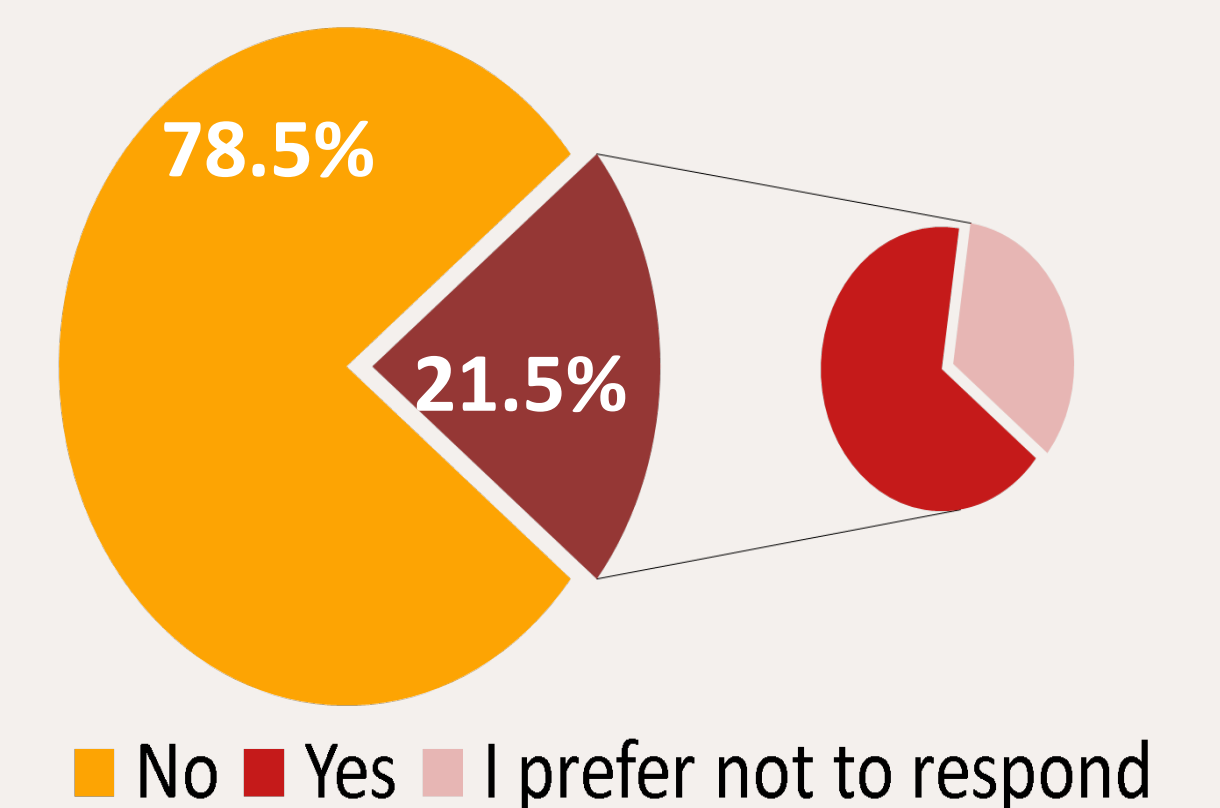
Conclusions

- 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
- Efforts to address the themes identified, could contribute to a change in culture

Acknowledgments

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



What could we do better to improve paramedic self-reporting of patient safety events?



85% response rate