Barriers to Self-Reporting Patient Safety Events by Paramedics

CAEP Ottawa June 2014

THE OTTAWA HOSPITAL
L'HÔPITAL D'OTTAWA

REGIONAL PARAMEDIC PROGRAM
FOR EASTERN ONTARIO

Ottawa Hospital
Research Institute
Institut de recherche
de l'Hôpital d'Ottawa

uOttawa
Faculté de médecine
Faculty of Medicine

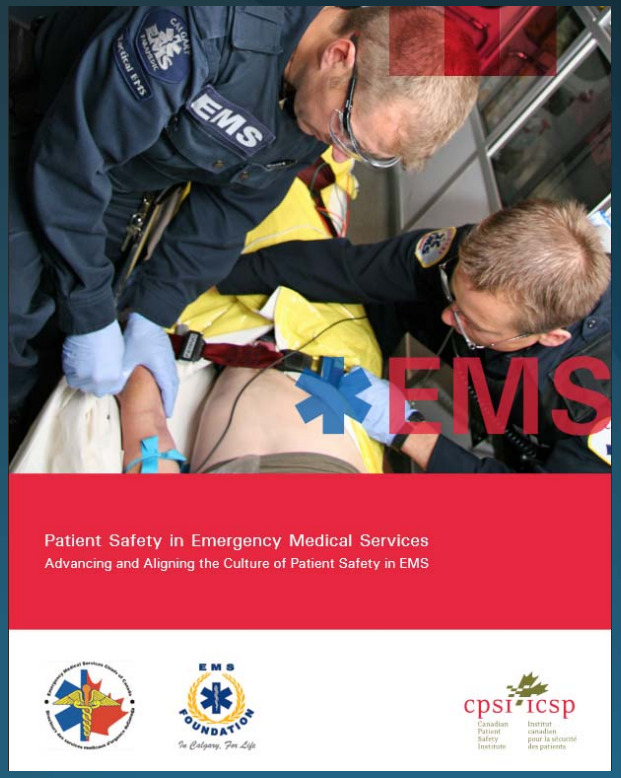
Julie Sinclair A-EMCA, RN
Christopher Bourque, MBA
Andy Reed, MD
Justin Maloney, MD
Lisa Calder, MD
Michael Austin, MD
Jennifer Kortko, ACP

Regional Paramedic Program for Eastern Ontario
Department of Emergency Medicine
Ottawa Hospital Research Institute
University of Ottawa, Ottawa, ON

I have no financial conflicts of interest to declare.

Patient Safety in EMS

- Little is known about the risks to patient safety in EMS
- Patient Safety in EMS Report
  - Improve reporting by creating better reporting systems
- 50 – 90% of patient safety events are not reported
- What are the barriers to self-reporting by paramedics?



REGIONAL PARAMEDIC PROGRAM FOR EASTERN ONTARIO

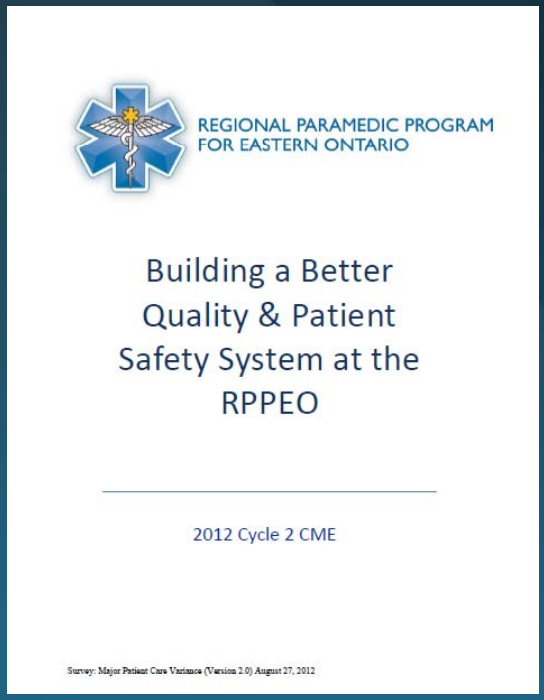
Primary Objective

- Identify the barriers to paramedics self-reporting patient safety events
  - Patient Care Variances (minor, major, critical)
  - Near Misses
  - Adverse Events

REGIONAL PARAMEDIC PROGRAM FOR EASTERN ONTARIO

Methods

- *Design:* Paper-based survey study
- *Setting:* The Regional Paramedic Program for Eastern Ontario - Fall CME 2012
- *Subjects:* All paramedics within Eastern Ontario (9 services)
- *Analyses:* Descriptive statistics, chi-square & thematic analysis


REGIONAL PARAMEDIC PROGRAM FOR EASTERN ONTARIO

Building a Better Quality & Patient Safety System at the RPPEO

2012 Cycle 2 CME

Survey: Major Patient Care Variance (Version 2.0) August 27, 2012

REGIONAL PARAMEDIC PROGRAM FOR EASTERN ONTARIO

Methods

Survey:

- Modeled after survey developed to identify barriers to medication error reporting by nurses
- Amendments were made to fit prehospital environment
- Survey was reviewed for content validity

REGIONAL PARAMEDIC PROGRAM FOR EASTERN ONTARIO

Methods

Survey Instrumentation:

- Clinical PSE vignettes
- Lists 18 potential barriers to self-reporting
- 5 point Likert scale (very significant – very insignificant)
- Demographic data
- Intention to self-report
- History of documenting false information
- Included open-ended question

REGIONAL PARAMEDIC PROGRAM FOR EASTERN ONTARIO

Results

Survey Response Rates

1,237 certified paramedics

↓

1,153 surveyed at CME

↓

1,133 completed the survey

98.1 %
of surveyed paramedics

Characteristics of Paramedic Respondents (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	6.3%
1 - 5 years	39.6%
6 – 10 years	25.2%
> 10 years	28.9%

Questions 6 to 8 relate to a Near Miss

Definition: Near Miss

An event or circumstance that has the potential to cause serious injury or unexpected death, but does not actualize due to chance, corrective action and/or timely intervention.

Scenario: Near Miss

You prepare to administer an IM injection in accordance with the Advanced Life Support Patient Care Standards. Immediately prior to injection, your partner notices that the ampoule from which you drew up the medication looks different. After taking another look at the ampoule, you notice that it contains a different drug than the one you intended to administer. The potential error is caught and you do not administer the drug. There is no harm to the patient. A near miss has occurred.

6. Would you report this near miss to the RPPEO?

- ○ **Yes**
- ○ **No**

Scenario: MINOR Patient Care Variance

You commit a minor patient care variance by administering a seventh dose of nitroglycerin without BHP authorization. There is no harm to the patient.

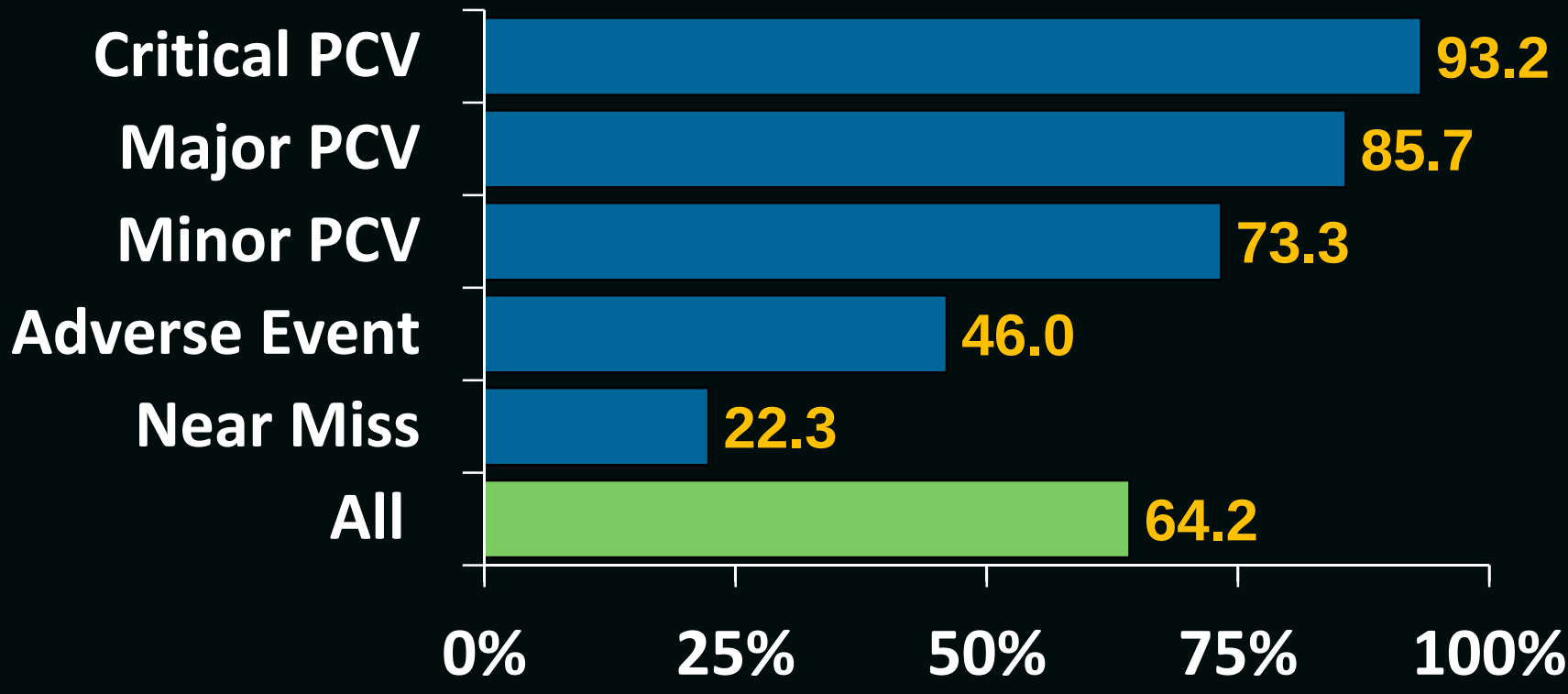
Scenario: MAJOR Patient Care Variance

You commit a major patient care variance by administering ASA to a patient who has a potential active bleed. The patient is not seriously harmed.

Scenario: CRITICAL Patient Care Variance

You commit a critical patient care variance by failing to defibrillate a patient who has a witnessed cardiac arrest and whose presenting rhythm is ventricular fibrillation. A ceases resuscitation is ordered after an unsuccessful resuscitation.

Would you report this patient safety event to the RPPEO ?



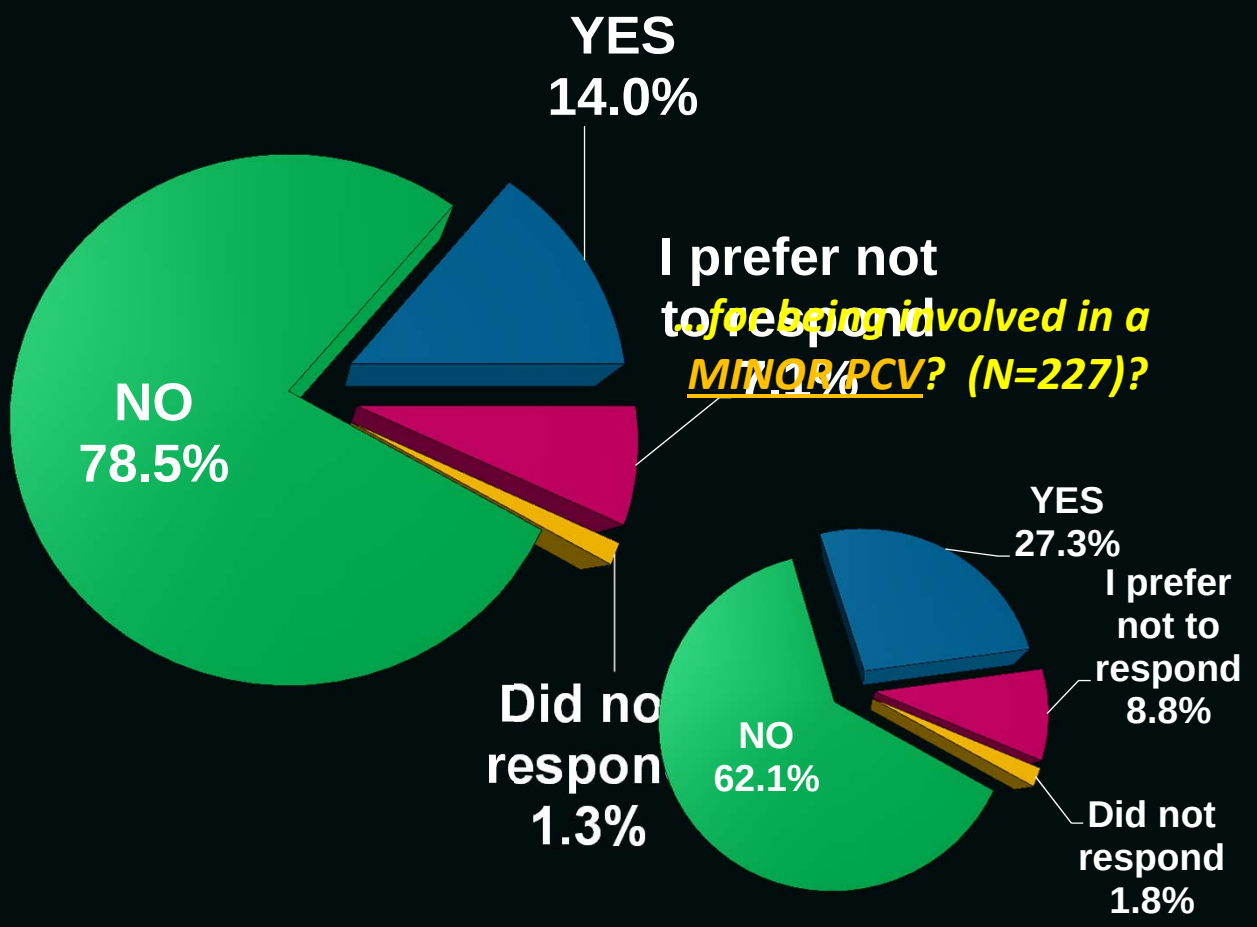
% that responded YES, they would self-report

TOP 6 BARRIERS	
Fear of being punished (1,112)	81.4%
Fear of being suspended (1,118)	79.6%
Fear of termination (1,112)	79.1%
Fear of a MoH & LTC investigation (1,126)	78.3%
Fear of deactivation (1,114)	78.1%
Fear of decertification (1,110)	78.0%

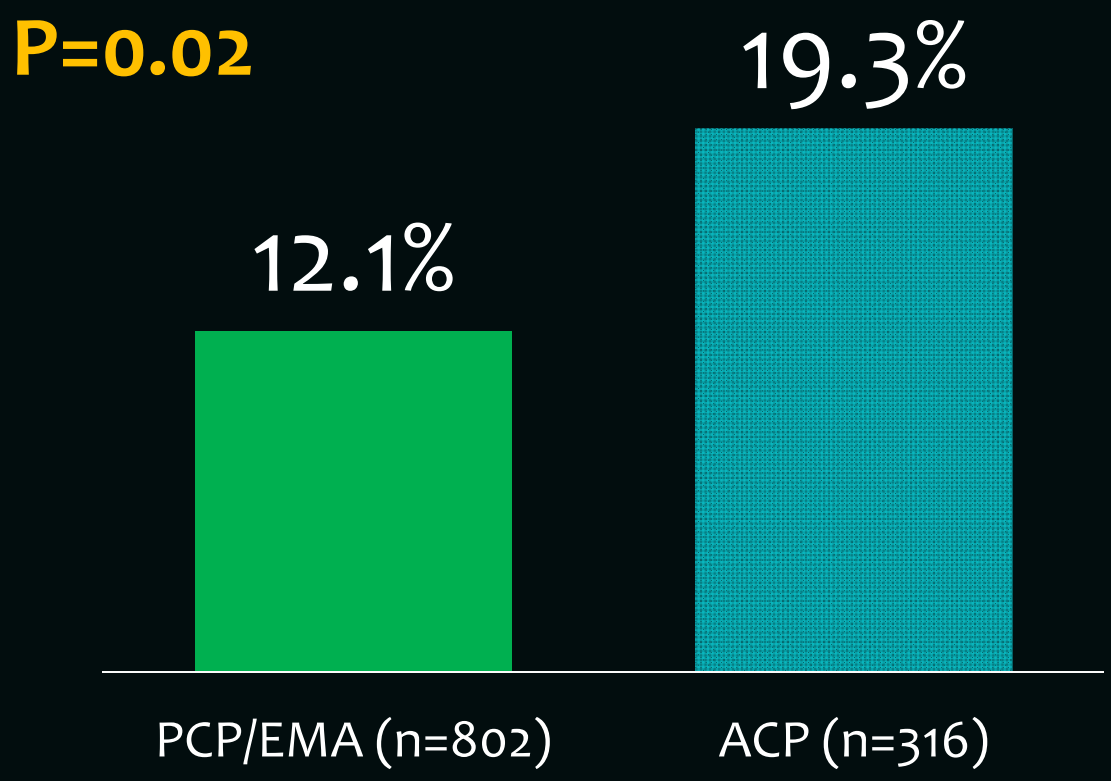
TOP 6 BARRIERS		Variation among services	
Fear of being punished (1,112)	81.4%		
Fear of being suspended & short-term income loss (1,118)	79.6%		
Fear of termination & long-term income loss (1,112)	79.1%		
Fear of a MoH& LTC investigation (1,126)	78.3%		
Fear of deactivation (temporary suspension of certification) (1,114)	78.1%		
Fear of decertification (1,110)	78.0%		

TOP 6 BARRIERS		Variation among services	
		Min	Max
Fear of being punished (1,112)	**81.4%**	**70.3%**	**90.0%**
Fear of being suspended & short-term income loss (1,118)	79.6%		
Fear of termination & long-term income loss (1,112)	79.1%		
Fear of a MoH & LTC investigation (1,126)	**78.3%**	**60.5%**	**87.5%**
Fear of deactivation (temporary suspension of certification) (1,114)	78.1%		
Fear of decertification (1,110)	78.0%		

Have you ever documented false information to avoid 'getting into trouble' (N=1,133)?



% that falsified documentation to avoid getting into trouble (N=1,118)



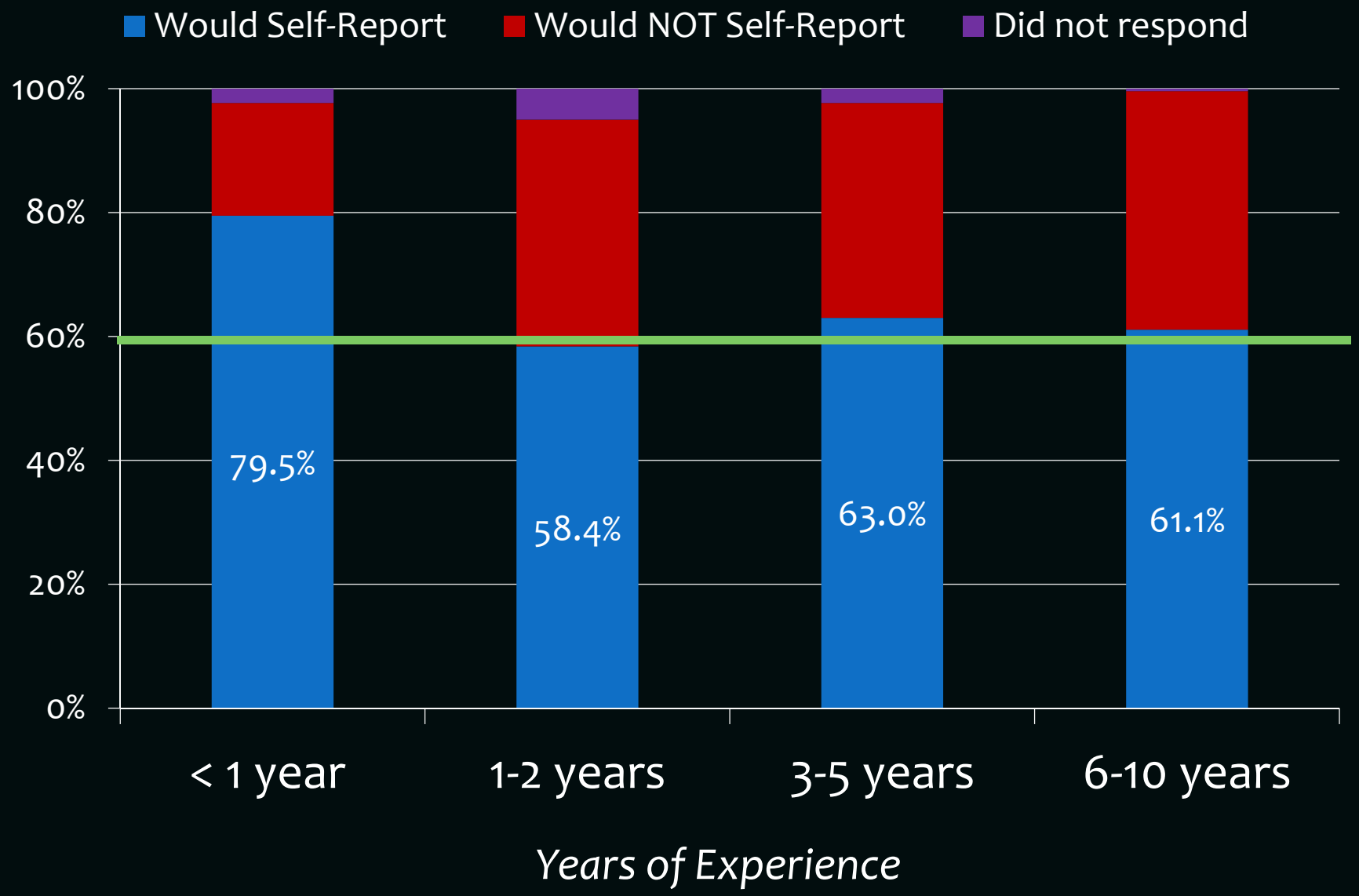
LC20

Results

No association was found between a paramedic's intention to self report & their:

- *scope of practice (p=0.55)*
- *years of experience (p=0.10)*

Would you report this patient safety event to the RPPEO ?



What could we do better to imp
paramedic self-reporting of pati
variances, near miss events & a

Eliminate Fear

Reduce Uncertainty

Increase Accessibility

Develop Relationship

Provide Feedback

Promote Shared Learning

CHANGE IN CULTURE

"Lose stigma that you are not a good medic if you make a mistake or slip up"

"Early in my career, I wanted to always be honest on my ACR. A senior medic told me that this was a very admirable attitude but that I would likely not be working for very long."

REGIONAL PARAMEDIC PROGRAM FOR EASTERN ONTARIO

Limitations

- Limited to data from one region
- Selection bias
- Hawthorne effect
- Intention vs actual behaviour

Strengths

- Response rate
- Quantitative approach

REGIONAL PARAMEDIC PROGRAM FOR EASTERN ONTARIO

Conclusions

- High proportion of fear based barriers exists
- Patient care variances may be reported despite fear
- Near misses and adverse events may be under-reported
- Concerning proportion of paramedics have falsified documentation
- A change in culture is needed to facilitate identification of future patient safety threats

REGIONAL PARAMEDIC PROGRAM FOR EASTERN ONTARIO

Acknowledgments

- All the paramedics that participated from the nine EMS services in Eastern Ontario

- Jane Marchand, Jason Rouleau, Dinah Johnston & Jeff Yantha from the RPPEO

REGIONAL PARAMEDIC PROGRAM FOR EASTERN ONTARIO