

- F. If at any time during a respiratory or cardiac arrest resuscitation a valid DNR form, advanced directive, or verbal order from the patient's physician is produced (*Ref. 6.17 Out-of-Hospital DNR Orders*), all resuscitative efforts should be stopped and termination of resuscitative efforts should be documented.

6.23 Voluntary Self Reporting of Medical Errors

A. Purpose

- 1. To establish and maintain a system in which certain types of medical errors are viewed as sentinel events to be taken advantage of in order to improve the overall quality of patient care, while at the same time ensuring the safety of the public.

B. Definitions

- 1. Error – an act that deviates from what is correct. For the purposes of this policy, correct action is defined by HFD policy and procedures referenced III-01 7.00 through and including 9.06.
- 2. Neglect – to fail to care or give proper attention to; to fail to do as through oversight or carelessness.

C. Procedure

1. Self Reported Errors

- a. When a member recognizes they have committed a medical error, that member has twenty-four on-duty hours to report the error to an EMS Supervisor.
- b. The officer to whom the medical error has been reported will document the report on a Medical Error Reporting Form found in the HFD Forms list.
- c. The officer will perform and complete an investigation to include interviewing of other members, witnesses or examination of equipment, or any other such investigation as necessary to determine the nature, severity and circumstances of the reported error.
- d. The officer will also document action taken by the officer in response to the report. The officer may choose from the following options:
 - 1) Document analysis of the perceived error and provide positive reinforcement to the member for bringing the opportunity for improvement to the supervisor's attention.
 - 2) Provide immediate counseling and document such counseling on a Medical Error Reporting Form.
 - 3) Provide immediate counseling as above and recommend further remediation through the Medical Director's Office.
 - 4) Remove the member from patient care duties pending review by the Medical Director's Office.
- e. Members who self-report medical errors will not be subjected to formal investigation by the Medical Director's Office.

2. Unacceptable Errors

- a. Most reported medical errors will be considered to be opportunities for system improvement by the Office of the Medical Director.
- b. Certain errors will be considered unquestionably unacceptable behavior on the part of the member and remediation will not be offered. While many of these errors are also addressed in other areas of fire department policy, the following offenses will be considered grounds for immediate revocation of paramedic and/or EMT patient care privileges:
 - 1) Willfully inflicting harm of any kind on a patient.
 - 2) Willful neglect of a patient.
 - 3) Willful disregard for patient care policies and procedures.
 - 4) Untruthfulness with the Medical Director, his or her designee, or an officer of the department with regard to patient care, documentation, or error reporting.
 - 5) Failure to remediate or repeatedly committing the same or similar errors in spite of

remediation and/or re-education.

3. Errors Reported by Others
 - a. Medical errors alleged by the public, patients, patient's family members, medical professionals (including HFD firefighters) or any other persons not previously addressed by this policy will be immediately forwarded to the Medical Director's Office for processing.
4. Supervisors Completing the Medical Error Reporting Form
 - a. Supervisors receiving reports of medical errors are to complete the Medical Error Reporting Form (found in HFD Forms list) in its entirety upon completion of their investigation.
 - b. Supervisors are to forward the completed Medical Error Reporting Form to the Office of the Medical Director in a sealed envelope marked CONFIDENTIAL, within 24 on-duty hours of being made aware of the error.
5. Confidentiality
 - a. All medical error investigations and resolutions shall be considered privileged quality improvement committee activities and are protected under Texas Statutes Title 9 Health and Safety Code Chapter 773.