



County of Santa Clara Emergency Medical Services System

Policy #108 System Variance Reporting

SYSTEM VARIANCE REPORTING

Effective Date February 26, 2013
Replaces January 22, 2007
Review Date November 2015

Resources

EMS Form #903: System Variance Report Form

I. Purpose

The purpose of this Policy is to establish standardized criteria for the timely reporting and submission of EMS system variances to the Santa Clara County EMS Agency, and to define the reporting criteria for each level of variance.

II. Variance Types and Reporting

A. Level A Variances are any incident that result in a threat to public safety, patient, by-stander or responder harm.

1. Level A Variance include but are not limited to the following:

- a) Any deviation from an EMS Agency policy or treatment protocol with patient harm.
- b) Medication or procedural errors with patient harm.
- c) Failure or refusal to respond to request for aid, whether from the public or another system provider.
- d) Equipment failure or malfunction with patient harm.
- e) Any significant EMS related event that would be reported to another regulatory agency including, but not limited to, the EMS Authority, Occupational Safety and Health Administration, and the Department of Public Health.
- f) The following occurrences as defined as a threat to the public health and safety cited in Health and Safety Code §1798.200(c):

- 1) Fraud in the procurement of any certificate or license under this division.
- 2) Gross negligence.
- 3) Repeated negligent acts.
- 4) Incompetence.
- 5) The commission of any fraudulent, dishonest, or corrupt act that is substantially related to the qualifications, functions, and duties of prehospital personnel.
- 6) Conviction of any crime which is substantially related to the qualifications, functions, and duties of prehospital personnel. The record of conviction or a certified copy of the record shall be conclusive evidence of the conviction.
- 7) Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this division or the regulations adopted by the authority pertaining to prehospital personnel.
- 8) Violating or attempting to violate any federal or state statute or regulation that regulates narcotics, dangerous drugs, or controlled substances.
- 9) Addiction to, the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
- 10) Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license or certification.
- 11) Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.

12) Unprofessional conduct exhibited by any of the following:

1. The mistreatment or physical abuse of any patient resulting from force in excess of what a reasonable and prudent person trained and acting in a similar capacity while engaged in the performance of his or her duties would use if confronted with a similar circumstance. Nothing in this section shall be deemed to prohibit an EMT, AEMT, or paramedic from assisting a peace officer, or a peace officer who is acting in the dual capacity of peace officer and EMT, AEMT, or paramedic, from using that force that is reasonably necessary to effect a lawful arrest or detention.
 2. The failure to maintain confidentiality of patient medical information, except as disclosure is otherwise permitted or required by law.
 3. The commission of any sexually related offense specified under Section 290 of the Penal Code.
2. Level A variances shall be reported immediately to the EMS Duty Chief via County Communications. The reporting party shall submit the EMS System Variance Report (EMS Form # 903) to the EMS Agency shall be submitted within 24 hours. In addition to EMS Form # 903 the following items at a minimum shall be submitted; copies of dispatch records patient care record (PCR) and statements from those involved in the incident.
- B. Level B Variances are any incident that does not result in patient harm, but is a deviation from EMS Agency policies, procedures, and protocols.
1. Examples of a Level B Variance may include but are not limited to the following:
 - a) Potential Clinical Care Variance
 - b) Potential Policy Variance
 - c) Poor interagency Coordination
 - d) General Complaint (Public)
 - e) Communications System Variance.
 - f) Equipment failure or malfunction.

2. Level B variances shall be reported to the EMS Agency within five (5) business day using EMS Form # 903 (System Performance Variance Report). In addition to EMS Form # 903 the following items at a minimum shall be submitted; copies of dispatch records patient care record (PCR) and statements from those involved in the incident.
- C. Level C Variances are incidents where the responders provided outstanding care and went above and beyond the normal expectations of responders.
1. Level C Variances include but are not limited to the following:
 - a) Good Patient Outcome
 - b) Outstanding Customer Service
 - c) Positive provider agency/hospital cooperation
 - d) Field provider went above and beyond normal expectations.
 2. Level C variances should be reported to the EMS Agency within seven (7) business day using EMS Form # 903 (System Performance Variance Report). In addition to EMS Form # 903 the following items at a minimum shall be submitted; copies of dispatch records patient care record (PCR) and statements from others who witnessed the extraordinary situation.
- D. Submission: Variance reports should be submitted electronically to the e-mail address listed on the form. The Variance form is also available on the EMS Agency web page in a form fillable format.

III. EMS Agency Process

- A. The EMS Agency upon receipt of a variance report shall take the following actions:
1. The Compliance Officer will receive the report, assign a tracking number and ensure the level of variance submitted correlates with the incident that was reported.
 2. The Compliance Officer shall within five (5) business of receipt of the variance report days send an acknowledgment to the reporting party that the EMS Agency has received the variance report.

3. The EMS Agency shall evaluate the report to determine if the variance is a CQI matter or be sent to compliance for investigation. If the compliance officer determines that no action is required; the compliance officer shall send a notice to the reporting party explaining why no action is being taken and that the matter is closed.
4. If a Level C variance is submitted, the variance will be reviewed and sent to the providers employer for possible recognition and will be forwarded to the EMS Awards Committee to be considered for an Annual EMS Award.
5. If the variance is a CQI related matter, the Agency CQI Coordinator shall work with the involved employer(s) to resolve the issue. If the issue cannot be resolved, the Medical Director shall make the final determination on the course of action to be taken.
6. If it is determined that the variance should be investigated, the compliance officer shall conduct in accordance with EMS Agency Policy # 810.
7. Once the CQI Coordinator or the Compliance Officer has finished their respective reviews, they shall forward it to the Agency Medical Director with their findings and recommendations. The Medical Director shall determine if the issue raised by the variance has been resolved or should further action be necessary, which may include education, disciplinary action, or referral to the EMS Authority.
8. Upon conclusion of the CQI review or investigation the reporting party will be notified of the conclusion, but the outcome shall not be disclosed to protect the rights of those involved.