Prehospital EMS Provider Perceptions of Errors and Safety

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BACKGROUND

- The recognition and positive response to errors are important elements for encouraging a culture of safety in EMS. Often, mistakes are not reported due to the concern of punitive action.[1]

- It is unclear how provider safety perception impacts error response and reporting.

- Project goal: Adapt the Agency for Healthcare Research and Quality's Survey on Patient Safety to the prehospital setting.

OBJECTIVES

1. Assess EMS providers' perception of patient safety.
2. Compare reported practices regarding errors among those who rated their agency as 'safe' or 'unsafe'

METHODS

- Study Design & Setting: A cross-sectional survey was administered to nationally-certified EMS providers in October 2015 in collaboration with the Center for Patient Safety.

  - As part of a larger survey, responses to questions concerning medical errors and response to errors were used in this analysis.

- Inclusion Criteria: Currently practicing patient care providers (EMT or higher) in non-military and non-tribal settings.

- Outcome: Respondents rated their main EMS agency on a 5-point scale, dichotomized to 'safe' (excellent/very good/good) or 'unsafe' (fair/poor).

- Data Analysis: Descriptive statistics were calculated and significance was evaluated using χ^2 tests.

RESULTS

- Responses from 35,588 EMS providers were received (response rate = 11%) with 23,773 meeting inclusion criteria.

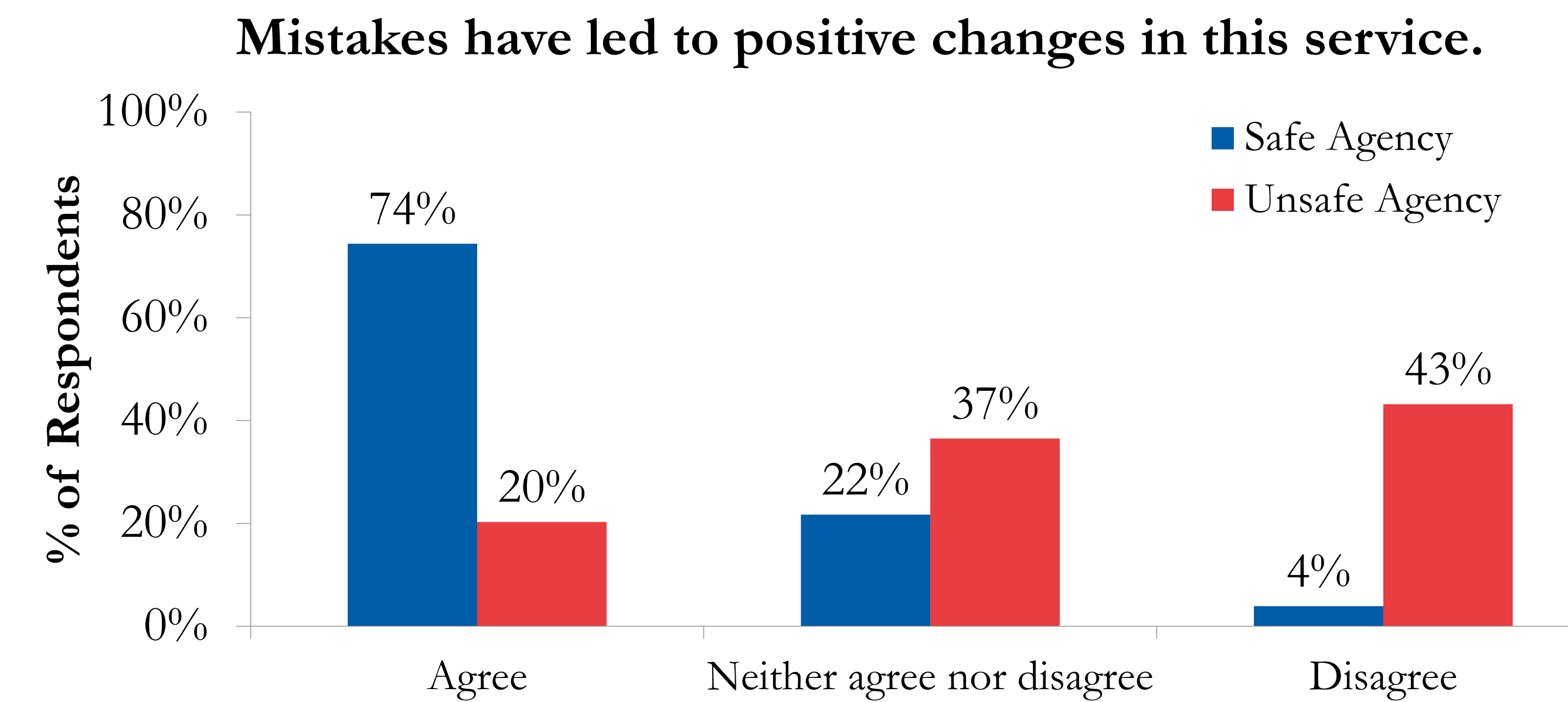- The majority (86%) of respondents rated their agency as safe.

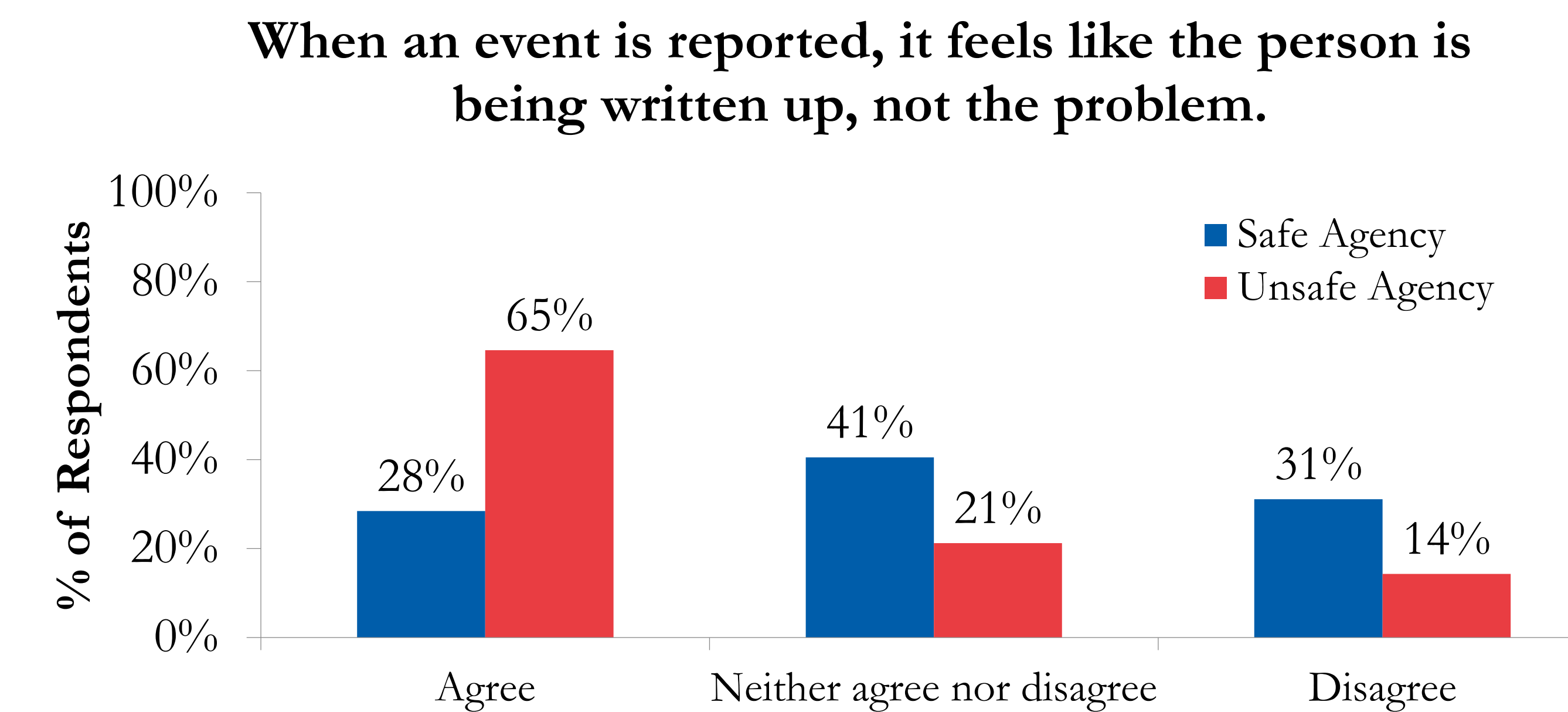Figure 1: Respondents who reported working in a safe agency agreed that mistakes lead to positive changes (p<0.01).

Figure 2: Respondents who reported working in an unsafe agency agree that individuals who report events are treated negatively (p<0.01).
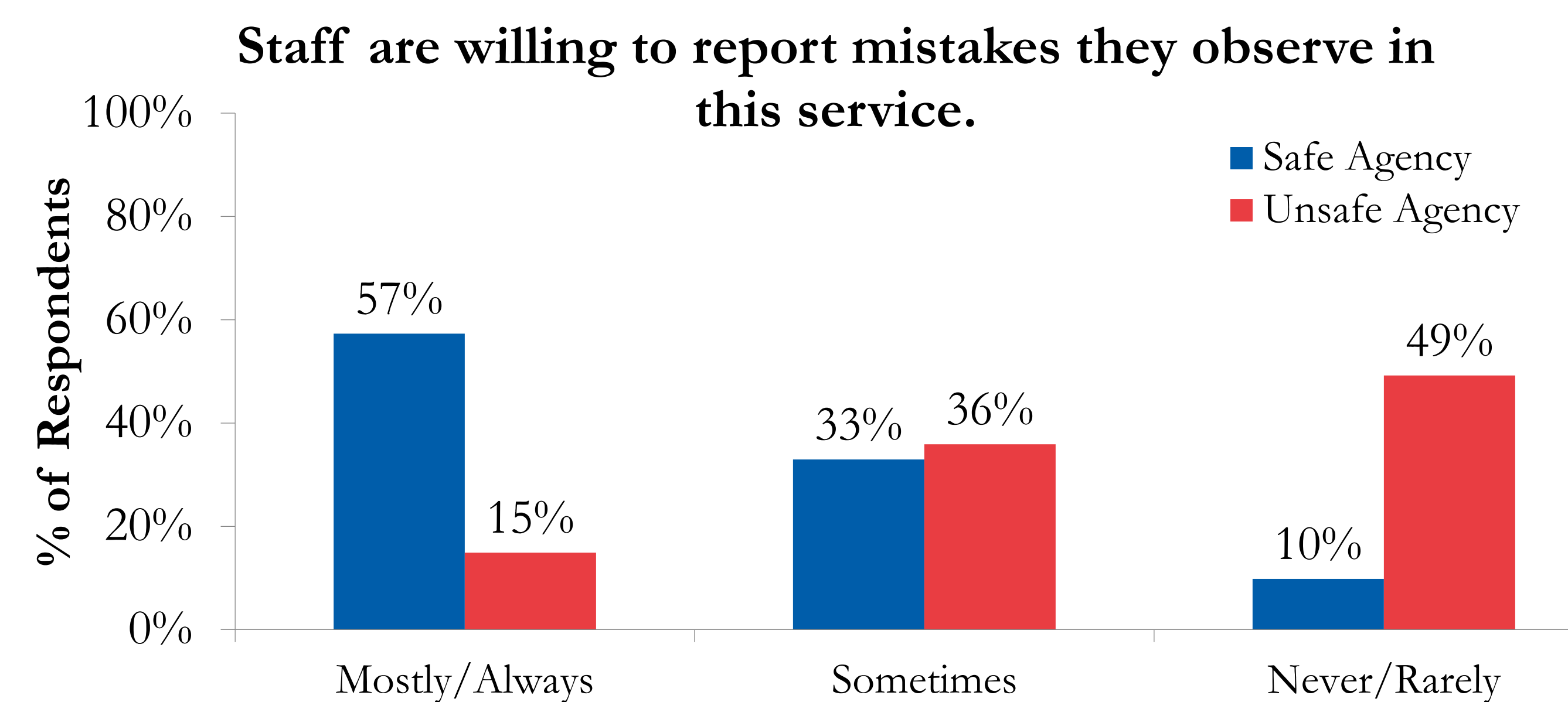

Figure 3: Respondents who reported working in safe agencies show greater willingness to report mistakes (p<0.01).
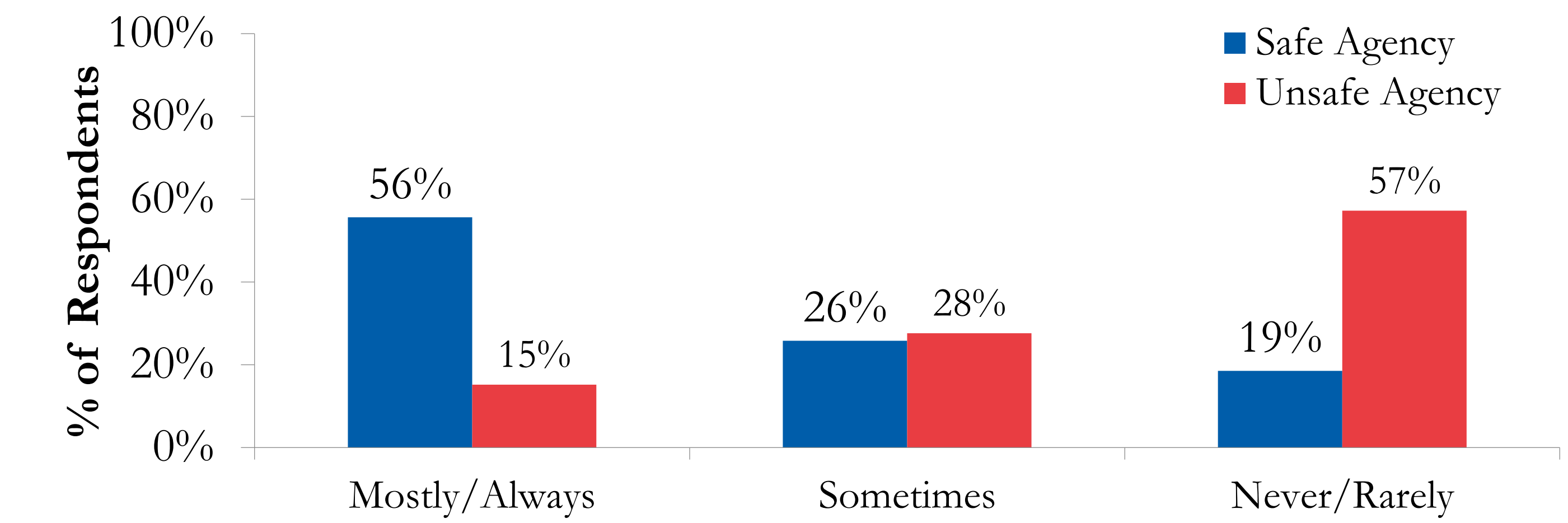
RESULTS

Figure 4: Respondents who reported working in safe agencies report near miss events more frequently than those who perceive they work in unsafe agencies (p<0.01).

LIMITATIONS

- Data on perception of safety are self reported. There is a need to link perceptions of safety culture to clinical practice outcomes at the agency level.

- Validation via psychometric analyses of the overall tool are still on-going.

CONCLUSIONS

- Respondents at perceived unsafe agencies reported poorer practices regarding errors.

- Regardless of providers' agency safety perception, documentation of near miss events is infrequent and respondents demonstrated a reluctance to report mistakes.

REFERENCES

1. Fairbanks RJ, Crittenden CN, O'Gara KG, et al. Emergency medical services provider perceptions of the nature of adverse events and near-misses in out-of-hospital care: an ethnographic view. *Acad Emerg Med.* 2008;15:633-640.