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.

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.

Neither agree nor disagree

Disagree

Agree

Mostly/Always

Sometimes

Never/Rarely

When an event is reported, it feels like the person is being written up, not the problem.

When something happens that could harm the patient, but does not, how often is it documented or reported?

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.

Regardless of providers’ agency safety perception, outcomes at the agency level.

Data on perception of safety are self reported. There is a need to link perceptions of safety culture to clinical practice.

When an event is reported, it feels like the person is being written up, not the problem.

• 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.

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

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 χ2 tests.

REFERENCES