



Peninsulas EMS Council, Inc.

Performance Improvement

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PEMS Quality Management Template (EMS)

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Purpose

The purpose of the Quality Management Committee (*QM*) is to increase survival and reduce disability from out of hospital medical emergencies in _____. This is achieved in partnership with other agencies and hospitals, by providing the highest quality of emergency medical services and by being an innovative leader in the emergency medical field.

Definitions

1. **Quality Assurance** is the retrospective review or inspection of services or processes that is intended to identify problems.
2. **Quality Improvement** is the continuous study and improvement of a process, system or organization

Primary Objectives

1. Conduct Medical Incident Reviews (*QA*).
2. Collect patient care statistics to evaluate system effectiveness and identify trends (*QI*).
3. Provide constructive feed back on quality improvement to all EMS professionals within _____.
4. Review and provide input on the Quality Assurance Plan and its implementation.
5. This committee shall meet every other month or as needed.

Membership

Membership of the Quality Management Committee shall represent individuals that embrace and works toward fulfilling the purpose and objectives of the Quality Management Committee.

Medical Review Committee members shall be appointed by the Jurisdictional Medical Director and the EMS Operational Program Director. The committee should consist of the following:

1. The Jurisdictional Operational Medical Director (*OMD*)
2. The Jurisdictional EMS Quality Assurance Officer
3. The Jurisdictional Training Coordinator
4. The EMS Operational Program Director (*Chief/Captain*)
5. Emergency Medical Technician Paramedic – Career
6. Emergency Medical Technician Paramedic – Volunteer
7. Emergency Medical Technician Basic – Career
8. Emergency Medical Technician Basic – Volunteer
9. Emergency Medical Dispatcher
10. (At Large) Medical Director Designee

Member Responsibilities

1. Members of the QM Committee are charged with the responsibility of assuring that reasonable standards of care and professionalism are met within their respective EMS system. Members are given the following responsibilities:
 - a. Should participate in _____'s ongoing Quality Management (QM) Program which should include PCR review audits and data collection.
 - b. Maintain strict confidentiality of patient information, personnel and Q/A topics.
 - c. Provide constructive feed back to personnel when appropriate
 - d. Only members of the committee can vote on any issues before the committee.

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2. The Chairperson of the QM Committee shall be the _____'s OMD. His/Her responsibilities shall include:
 - a. Final decisions and actions of the QM Committee.
 - b. Approves and signs all letters of recommendations.
 - c. Approves all proposals for changes to policies, guidelines and protocols.
3. The co-chairperson of the QM Committee shall be the EMS Quality Assurance Officer. His/Her responsibilities shall include:
 - a. Scheduling of regular meetings
 - b. Insure optimal attendance
 - c. Preparation of meeting agenda
 - d. Maintain minutes of all meetings
 - e. Liaison to the PEMS Regional Performance Improvement Committee
 - f. Liaison to other EMS agencies and Hospital
 - g. Liaison to the Protocol, Policy, and Procedure Committee
 - h. Draft all letters of recommendations.
 - i. Draft all proposals for changes to policies, guidelines and protocols.

4. Confidentiality:

In order to maintain the integrity of the QA/QI Committee and protect patient and provider privacy, each member at all times will maintain strict confidentiality. However, communication with other entities of the system is essential. Specifically, when a problem is identified within the system such as: skills, critical thinking, documentation, equipment, protocol deviation or other general issues, it is the responsibility of this committee to inform the appropriate agency and elicit input for possible solutions. All reasonable efforts will be taken to sanitize records and maintain patient anonymity.

PCR Reviews (QA)

1. Patient Care Reports (*PCR*) should be evaluated and entered into a central database. The results should used for system analysis and medical incident reviews.
2. PCR reviews will focus on random criteria as determined at the preceding meeting or current quality improvement projects and regional performance improvement projects.

Examples:

 - Cardiac Arrest
 - Major Trauma
 - Cardiac (*AMI*)
 - Severe Dyspnea/Airway (*Rales, CPAP, Airway Interventions, etc.*)
 - Critical Skill Reviews (*Interosseous Infusion, Needle Chest Decompression, Needle/Surgical Cricothyrotomy, Synchronized Cardioversion, Pacing*)
3. PCR reviews should utilized the standard form provide in Appendix A

Medical Incident Review (QA)

Effective identification, analysis, and correction of problems that requires an objective review by qualified, appropriate and approved members of QM Committee, protected by a process which ensures confidentiality.

1. The QM Committee may conduct a Medical Incident Review (MIR) that could include but not limited to:
 - a. Protocol errors or variances
 - b. Extraordinary care incidents
 - c. Inappropriate physician orders
 - d. Inability to carry out physicians orders
 - e. Any egregious or inappropriate care resulting in harm
 - f. Patient complaints

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- g. Medication/Stat Box Errors
 - h. Other occurrences as deemed appropriate
4. Submission of a Medical Incident Review
- a. Only one MIR report is needed to be submitted.
 - b. Sources for these allegation could be:
 - i. From the PPCR Review process
 - ii. From other EMS providers
 - iii. From career or volunteer officers, or supervisors
 - iv. From random audits or observations of the Quality Assurance Office
 - v. Assurance Office
 - vi. From health care facility staff
 - vii. From citizen or patient complaints
 - viii. From other agencies or jurisdictions
 - ix. From PEMS or the VA Office of EMS
 - x. Self-reported by provider
 - c. A **Medical Control Incident Report** form and copy of the PCR should be submitted to _____.
5. The personnel involved in the MIR will be notified and a copy of the form within 72 hours.
6. The MIR process may include:
- a. A review of pertinent medical records including the PCR, Base Hospital CORE/HEAR recorded tape and/or patient outcome data.
 - b. A formal interview with involved personnel to review the facts may be arranged through the personals supervisor.
7. The QM Committee shall review all facts found during the review process.
- a. The primary goal is to identify and address the root cause. (i.e... lack of knowledge or skills, limitation of resources, poor communications, conduct issue, etc.)
8. The QM Committee shall provide the results of the MIR and recommendations or constructive feed back to resolve the patient care issue (*Final approval by the appointed OMD*).
- Recommendation may included changes to policy, produce, or protocols which will be forward to the PPP Committee
 - Recommendations might include changes in operational procedures or equipment.
 - Recommendations may include system retraining, individual counseling, individual knowledge and skills evaluation/refresher, and/or clinical monitoring
 - Recommendations may include accommodations for individuals involved.
 - If the committee feels that this case involves multiple agencies or is regional system issue. They may forward the MIR to the PEMS regional PI Committee for review.
4. The QM Committee shall track all MIRs to identify trends within _____'s system and make recommendations was needed.
5. The QM Committee may report any findings to the Peninsulas EMS Council or the Virginia Office of EMS that they feel violates the requirements set forth by the "Virginia Emergency Medical Services Regulations" 12 VAC 5-31.

Regional EMS System Analysis (OI)

Quality Improvement is critical to the evaluation of _____. A broad look at what contributes to community health must include data from hospitals and prehospital agencies, so comprehensive care at the right time and at the right place can be ensured in each community. Accurate data can provide specific information about the health of our EMS & Trauma System and individual communities, facilities, and about prehospital services.

1. The goal of QM Committee is to:
 - a. Design and implement QI projects that are practical and are able to collect patient care statistics to evaluate system effectiveness and identify trends in patient care.
 - b. Establish Clinical Bench Marks to measure the _____'s system effectiveness.
2. Request may be directed by OMD, QM Committee or other EMS officers.

References

Virginia Emergency Medical Services Regulations

12 VAC 5-31-600: *“An EMS agency shall have an ongoing Quality Management (QM) Program designed to objectively, systematically and continuously monitor, assess and improve the quality and appropriateness of patient care provided by the agency. The QM Program shall be integrated and include activities related to patient care, communications, and all aspects of transport operations and equipment maintenance pertinent to the agency’s mission. The agency shall maintain a QM report that documents quarterly PPCR reviews, supervised by the operational medical director.”*

Virginia State Laws

45 CFR 164.501 and 45 CFR 164.506 provides EMS personnel with the authority to receive protected health information for purposes of transport and subsequently permits EMS personnel to disclose protected health information to another health care provider such as a hospital for continued patient treatment.

45 CFR 164.501 of the Privacy Rule defines treatment as the provision, coordination or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care provider with a third party; consultation between health care providers relating to a patient or the referral of a patient for health care from one health care provider to another. 45 CFR 164.506 specifically states that a covered entity may disclose protected health information for treatment activities of a health care provider.

45 CFR 164.520 would not require EMS personnel to administer the Notice of Privacy Practices to a patient in transport. That can be done by the treating facility when it is practical to do so.

The HIPAA Privacy Rule also requires that covered entities must provide patients with a Notice of Privacy Practices. However, 45 CFR 164.520 provides specific direction related to the administration of notice. 45 CFR 164.520 (i) (B) states that a covered health care provider that has a direct treatment relationship with an individual must provide the notice in an emergency treatment situation, as soon as reasonably practicable after the emergency treatment situation.

Virginia Codes

§ 8.01-581.16, 8.01-581.17, 32.1-116.2, data or information in the possession of or transmitted to the Commissioner, the Advisory Board, or any committee acting on behalf of the Advisory Board, any hospital or prehospital care provider, or any other person shall be privileged and shall not be disclosed or obtained by legal discovery proceedings, unless a circuit court, after a hearing and for good cause shown arising from extraordinary circumstances, orders disclosure of such data.

Documentation

Appendix A

Attached you will find the standard Continuous Quality Improvement (CQI) documentation forms. These forms should be utilized when documenting any deviations. The form may be adapted to fit the current QI project. All forms containing incident data should be treated as Protected Health Information and handled using the secured document system in accordance with HIPAA standards.