



# Peninsulas Emergency Medical Services Council, Inc.

Regional Performance Improvement Plan (General EMS)

**Peninsulas EMS Council, Inc.**

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## Executive Summary

The goal of the Peninsulas Emergency Medical Services Council, Inc. Regional Performance Improvement Plan (General EMS) is to establish a system wide process for evaluating and improving the quality of pre-hospital care in the Peninsulas Emergency Medical Services Council, Inc. region under the direction of the Peninsulas Emergency Medical Services Council, Inc. Medical Advisory Committee.

Performance improvement is a never-ending process in which all healthcare workers are encouraged to work together, without fear of repercussion, to develop and enhance the system in which they work. Based on EMS community collaboration and a shared commitment to excellence, performance improvement reveals potential areas for improvement of the EMS system, identifies training opportunities, highlights outstanding clinical performance, audits compliance with treatment protocols, and reviews specific illnesses or injuries and their associated treatments. These efforts contribute to the continued success of our emergency medical services through a systematic process of review, analysis, and systemic improvement.

A by-product of the Regional Performance Improvement Plan (General EMS) is the development of strong working relationships between EMS agencies, hospital providers, and other stakeholders that offer emergency medical care within the Peninsulas Emergency Medical Services Council, Inc. region. This affords all participants (administrator to first responder) an opportunity to work at peak capacity with energy and focus in a system that they can support, believe in, and have “ownership” of.

The Peninsulas Emergency Medical Services Council, Inc. is committed to performance improvement and recognizes that greater results can be achieved by improving whole processes rather than blaming individuals when something goes wrong. We also understand that a performance improvement program is an ongoing, dynamic process that requires continuing input from everyone involved in the provision of emergency medical care.

The Peninsulas Emergency Medical Services Council, Inc. Regional Performance Improvement Plan (General EMS) has been written in accordance with the most current Regional Emergency Medical Services Council Standard Contract.

## Definitions

Electronic Patient Care Report (ePCR): Electronic PCR that meets OEMS requirements for pre-hospital reporting requirements.

Medical Advisory Committee (MAC): The Medical Advisory Committee, a subcommittee of the Peninsulas Emergency Medical Services Council, Inc. Board of Directors, is responsible to develop, maintain, implement, expand and improve programs of medical control and accountability and to coordinate the development and maintenance of regional medical treatment protocols. Additionally, the Medical Advisory Committee shall develop, maintain, and implement medical oversight of EMS education, training and testing for all levels of EMS certification within the region. The policies and protocols established by the committee represent a major part of the legal "standard of care" for the provision of pre-hospital emergency medical services within the geographic boundaries of the Peninsula, Middle Peninsula and Northern Neck.

Medical Incident Review (MIR): A process by which an EMS provider, EMS agency, or stakeholder can review a questionable incident and report that incident to the Peninsulas Emergency Medical Services Council, Inc., have that incident reviewed by the regional Performance Improvement Committee, and receive feedback from the committee for purposes of quality improvement.

Peer review: A team process in which Emergency Medical Service providers continuously evaluate and improve their own patient care delivery system.

Performance Improvement (PI): A systematic process of discovering and analyzing human performance improvement gaps, planning for future improvements in human performance, designing and developing cost-effective and ethically-justifiable interventions to close performance gaps, implementing the interventions, and evaluating the financial and non-financial results.

Planning and Performance Improvement Coordinator: Employee of Peninsulas Emergency Medical Services Council, Inc. that plans, designs and coordinates appropriate performance improvement initiatives within the Peninsulas Emergency Medical Services Council, Inc. region. The Planning and Performance Improvement Coordinator participates in case reviews, data collection and reporting; provides coordination and oversight activities in collaboration with agency and medical facilities' quality management programs; ensures that providers, agencies and hospitals have the support, tools, and feedback needed to perform effective quality management programs; monitors the effectiveness of the Peninsulas Emergency Medical Services Council, Inc. regional protocols; and completes or assists in other programs and requirements as directed.

Performance Improvement Process: The PI process is a methodology for improving the quality of institutional and individual performance through analysis of gaps between desired and actual performance. The process incorporates quality improvement, quality assurance and performance improvement technologies to identify and address performance shortcomings at a strategic level.

Pre-hospital Patient Care Report (PPCR): That report used by an agency to record details of out-of-hospital EMS patient care.

Quality Assurance (QA): An internal review process that audits the quality of care delivered against a known standard and implements corrective actions to remedy identified deficiencies. QA can use peer review, outcomes measurement, and utilization of management techniques to assess and improve quality.

Quality Improvement (QI): A focus on improvement of systemic processes or organizational systems to improve quality through goal setting, implementing systemic changes, measuring outcomes and making subsequent appropriate improvements to systems or processes.

Regional Medical Director: The Regional Medical Director shall be an emergency medicine physician licensed by the Virginia Department of Health (VDH) and have experience as an Operational Medical Director (OMD) for a licensed EMS agency. The Director shall provide focused medical leadership in the continued development of a comprehensive, coordinated EMS system in the Peninsulas Emergency Medical Services Council, Inc. region. The Director shall participate in the development and implementation of an effective quality improvement program for continuous system and patient care improvement.

## **Peninsulas Emergency Medical Services Council, Inc. Performance Improvement (PI) Committee - Background**

The Performance Improvement Committee is a sub-committee of the Peninsulas Emergency Medical Services Council, Inc. Medical Advisory Committee and is the principal body responsible for carrying out the Regional Performance Improvement Plan (General EMS).

The goals of the Performance Improvement Committee include:

- Design and implementation of quality improvement projects and studies that are practical and that are able to collect patient care statistics to evaluate system effectiveness and to identify trends in patient care.
- Establish regional clinical benchmarks to measure Peninsulas Emergency Medical Services Council, Inc. system effectiveness.

Requests for regional studies or process evaluations from agencies or stakeholders are presented to the Medical Advisory Committee for approval. All results of committee efforts that do not involve protected information shall be made publicly available and shall be in a format that supports agency educational initiatives.

Note: Peninsulas Emergency Medical Services Council, Inc. has received authority from the Virginia Department of Health Office of Emergency Medical Services to combine the Regional EMS Performance Improvement and the Trauma Performance Improvement Committees in the interests of efficiency. For all purposes, the Performance Improvement Committee as referenced in this document is the combined committee representing general EMS and trauma.

### **Primary Objectives of the Peninsulas Emergency Medical Services Council, Inc. Regional Performance Improvement Plan (General EMS)**

The Regional Performance Improvement Plan (General EMS) is the governing document for the administration of performance improvement initiatives performed by the Performance Improvement Committee (PIC) under the direction of the Medical Advisory Committee (MAC) of the Peninsulas Emergency Medical Services Council, Inc.

The Regional Performance Improvement Plan (General EMS) identifies region-wide performance improvement processes to:

- Assess adherence to regional patient care protocols.
- Assess performance gaps in systemic EMS issues and assist agencies in identifying methods for reducing or eliminating these gaps.
- Identify educational needs of pre-hospital providers.
- Provide consistent means for resolving problems involving patient care that are identified through regional performance improvement processes or agency quality assurance/quality improvement processes.

The end product of the Regional Performance Improvement Plan (General EMS) is provision of educational feedback to EMS agencies and patient care stakeholders in the Peninsulas Emergency Medical Services Council, Inc. region, resulting in improved EMS systemic processes and patient care practices.

### **Authority and Protections for Administration of the Regional**

## **Performance Improvement Plan (General EMS)**

Authority for administration of the Regional Performance Improvement Plan (General EMS) is the current Standard Contract between the Virginia Department of Health, Office of Emergency Medical Services and the Peninsulas Emergency Medical Services Council, Inc. (Contract number 517-14-305 for the period from July 1, 2013 through June 30, 2014.)

Code of Virginia §32.1-111.3 provides protection from discovery for employees of Peninsulas Emergency Medical Services Council, Inc. and members of the Performance Improvement Committee in the performance of their responsibilities in carrying out the Regional Performance Improvement Plan (General EMS) “unless a circuit court, after a hearing and for good cause shown arising from extraordinary circumstances, orders disclosure of such data.” Communications of the committee that address protected patient health care information are considered “privileged communications” and are likewise protected under Code of Virginia §8.01-581.17.

Employees of Peninsulas Emergency Medical Services Council, Inc. and members of the Performance Improvement Committee are “immune from civil liability for any act, decision, omission, or utterance done or made in performance of his duties” per Code of Virginia §8.01-581.16.

### **Peninsulas Emergency Medical Services Council, Inc. Performance Improvement Committee Composition**

The Performance Improvement Committee shall fairly represent each of the three peninsulas that comprise the Peninsulas Emergency Medical Services Council, Inc. region. The committee shall, at minimum, consist of the following representatives, each of whom shall serve in only one role on the committee:

- One Operational Medical Director (OMD) from the Peninsulas Emergency Medical Services Council, Inc. Medical Advisory Committee.
- A representative from each hospital in the Peninsulas Emergency Medical Services Council, Inc. region.
- A representative from an air medical agency.
- A representative from a fire-based EMS system.
- A representative from an EMS-based system.
- A representative from a career (paid) system.
- A representative from a volunteer system.

The Chair of the Performance Improvement Committee shall be a Peninsulas Emergency Medical Services Council, Inc. region Operational Medical Director or appointed member of the Medical Advisory Committee. The Chair’s responsibilities shall include:

- Oversee Performance Improvement Committee meetings.
- Represent Performance Improvement Committee activities to Medical Advisory Committee.

The Co-Chair of the Performance Improvement Committee shall be selected by the committee, and shall:

- Liaison with all local EMS agencies and hospitals
- Liaison with the Protocol, Policy and Procedure Committee.

The Planning and Performance Improvement Coordinator shall be a non-voting member of the committee and shall:

- Provide administrative and logistical support to the committee.

- Take and publish minutes of committee meetings.
- Maintain databases, files and documentation for committee projects and studies.
- Consolidate and analyze data collected for projects adopted by the committee, providing reports in a usable format to stakeholders such as EMS providers, agency managers, operational medical directors, and hospitals.
- Provide educational feedback on committee projects and studies and other pertinent performance improvement information via a newsletter published on a quarterly basis. This newsletter shall be distributed electronically and made publicly available.
- Act as single point of contact for agencies and stakeholders presenting data, queries and concerns to the committee.

The overall committee makeup shall include at least ten members and shall fairly represent all three peninsulas.

The Performance Improvement Committee shall meet bimonthly and shall forward minutes and associated documentation to the Medical Advisory Committee. Minutes shall be publicly posted on the Peninsulas Emergency Medical Services Council, Inc. website within 10 days of approval.

Members of the Performance Improvement Committee shall be approved by the Medical Advisory Committee and are charged with the responsibility of assuring that reasonable standards of care and professionalism are met within the Peninsulas Emergency Medical Services Council, Inc. region. Member responsibilities include:

- Attendance and participation in scheduled Performance Improvement Committee meetings.
- Assistance in committee project work, including but not limited to:
  - Regional EMS studies.
  - Writing draft procedure or protocol documents.
  - Performing medical incident reviews at the request of EMS agencies, hospital agencies or other stakeholders.
  - Other functions as assigned by the Medical Advisory Committee.

### **Confidentiality and Non-Disclosure of Protected Information**

In the course of carrying out their duties, individuals tasked with performance improvement responsibilities, including Performance Improvement Committee members, may be exposed to information that is subject to HIPAA or the Virginia Privacy Act or information that might be sensitive to a partner agency. Members of the committee shall maintain strict confidentiality regarding all such information, and refrain from communicating it outside the committee except as necessary to carry out the business of the committee.

All meetings shall be open and conducted such that no personal or HIPAA protected information is discussed unless and until the committee adjourns to closed executive session.

All members of the Performance Improvement Committee shall be required to sign a Peninsulas Emergency Medical Services Council, Inc. Statement of Confidentiality and Non-Disclosure. (Appendix A)

### **Agency Quality Assurance**

Per 12 VAC 5-31-600, agencies providing pre-hospital care shall maintain a quality management program designed to objectively, systematically and continuously monitor, assess and improve the quality and appropriateness of patient care provided by the agency.

No employee of Peninsulas Emergency Medical Services Council, Inc. or member of the Performance Improvement Committee is responsible for routine review of agency patient care documentation. The Planning and Performance



Improvement Coordinator will assist agencies with establishing an internal review process that meets Virginia Department of Health Office of Emergency Medical Services guidelines when requested to do so by the agency.

Agency performance improvement representatives should take into consideration any active regional studies administered by the Performance Improvement Committee when administering internal quality management activities. Applicable data necessary to support these studies should be forwarded to the Planning and Performance Improvement Coordinator.

### **Medical Incident Review**

A Medical Incident Review (MIR) may be initiated by any provider, agency, medical treatment facility or member of the public who has reason to believe that patient care has been compromised in a pre-hospital setting.

The preferred/recommended method for reporting a medical incident for review is through completion of the Medical Control Incident Report Form (Appendix B) available online on the Peninsulas Emergency Medical Services Council, Inc. website. However, any employee of the Peninsulas Emergency Medical Services Council, Inc. or any member of the Performance Improvement Committee who receives a report of a medical incident by any means shall report same to the Planning and Performance Improvement Coordinator at the earliest opportunity.

The Planning and Performance Improvement Coordinator shall acknowledge receipt of the Medical Control Incident Report back to the sender and report same to the Peninsulas Emergency Medical Services Council, Inc. Executive Director within 72 hours of receipt. Medical incidents otherwise reported shall be responded to within the same time frame.

The Planning and Performance Improvement Coordinator shall perform initial research, collect data and contact information (PPCR's, HEAR/COR recordings, etc.) as necessary to present the case to the Performance Improvement Committee for review.

The Performance Improvement Committee shall review pending Medical Incident Reviews in closed executive session following regularly scheduled Performance Improvement Committee meetings with the intent of determining whether or not the issue under review is a function of a systemic or regional problem. Issues that do not meet this criterion shall be referred back to appropriate jurisdictional authorities for action. In the rare circumstance that the committee believes that the requirements of the Virginia Emergency Medical Services Regulations (12VAC5-31) have been violated, findings shall be immediately forwarded to the Virginia Office of EMS.

When a regional problem is identified, the Performance Improvement Committee shall make recommendations for correction of the problem. Recommendations may include, but are not limited to, provider education or retraining, protocol or procedural changes, and equipment changes.

All members of the Performance Improvement Committee shall remain cognizant at all times that Medical Incident Reviews are conducted *only* for the purpose of improving patient care in the Peninsulas Emergency Medical Services Council, Inc. region. This shall be accomplished by addressing the root cause of findings including lack of knowledge or skills, limitation of resources, poor communications, or issues of individual conduct, etc. Findings of individual fault, recommendations for sanction or discipline, etc. are outside the authority of the committee and shall not be pursued.

Documentation of Medical Incident Review findings shall be maintained so that trends and patterns may be identified. However, upon completion of a review, all information protected by HIPAA or the

Virginia Privacy Act shall be removed or redacted. Sanitized findings shall be documented in the Performance

Improvement Committee minutes.

The Planning and Performance Improvement Coordinator shall communicate with the initiator of the Medical Incident Review within seven days of final action.

The Planning and Performance Improvement Coordinator shall maintain a Medical Incident Review Log documenting reviewed cases and shall make the log available to the Virginia Office of EMS per contract guidelines.

**Peninsulas Emergency Medical Services Council, Inc.**  
**Regional Performance Improvement Plan (General EMS)**  
**Approval Page**

**Origination Date:** January 2013

**Revision Date:** October, 2013

Approvals:

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Michael B. Player  
Executive Director

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Julia B. Glover  
President, Board of Directors

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Cheryl Lawson, M.D.  
Regional Medical Director

## APPENDIX A – Statement of Confidentiality and Non-Disclosure



### **Peninsulas Emergency Medical Services Council, Inc.**

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#### **CONFIDENTIALITY AND NON-DISCLOSURE STATEMENT**

The protection of confidential business information and trade secrets is vital to the interests and the success of Peninsulas EMS Council, Inc. Such confidential information includes, but is not limited to:

- Patient Information
- EMS Agency and Hospital Information
- EMS Provider Information
- Performance Improvement Data
- Student and Testing Information
- Worker's Compensation Information
- Patient and Customer Lists
- Financial Accounts and Billing Information
- Marketing Strategies
- Pending Projects and Proposals

All personnel are required to respect the confidentiality of all proprietary or confidential information and are expected to not disclose such information to individuals outside of Peninsulas EMS Council, Inc. We require our personnel to sign this non-disclosure agreement as a condition of membership or employment. Personnel who improperly use or disclose any confidential information (including confidential business information or patient information) will be subject to disciplinary action, up to and including expulsion or termination.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

## Appendix B – Medical Incident Review Form (MIR)

The purpose of this referral is to improve the quality and efficiency of patient care in the Peninsulas Emergency Medical Service Council, Inc. region. This form is intended to relay comments on any incident, positive or negative regarding EMS incidents in the region. Submission of this document triggers further review of the specific incident. All information obtained through this process will remain confidential. This information will be used by the EMS agency and its Operational Medical Director (OMD) for the purposes of Quality Improvement (QI) to result in improved patient care. Provide as much of the requested information as possible.

*This form may be submitted anonymously. However, if you would like us to contact you for additional information, we must have your contact information. All MIR information is confidential.*

### **Section 1: REFERRER CONTACT INFORMATION**

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **Section 2: INCIDENT DETAILS**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ PPCR # (attach copy): \_\_\_\_\_

EMS Agency: \_\_\_\_\_

Attendant-in-Charge (if known): \_\_\_\_\_

Receiving Facility: \_\_\_\_\_ Receiving Physician: \_\_\_\_\_

### **Section 3: REASON FOR REVIEW**

Unable to establish contact with Medical Control

Regarding treatment orders from on-line  
Medical Control physician

Medical Control treatment needed but not performed

Regarding hospital diversion of patient

Medical control treatment initiated without physician order

Regarding EMS patient treatment or actions

### **Section 4: DESCRIPTION OF EVENTS**

Please fax a copy of the Medical Control Incident Review Form and PPCR to Peninsulas Emergency Medical Services Council, Inc. at (804) 693-6277.