

Tidewater EMS Council, Inc.
Performance Improvement / Quality Improvement
EMS Agency Template



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(Agency Name)
**PERFORMANCE IMPROVEMENT / CONTINUOUS QUALITY
IMPROVEMENT PROGRAM
(EMS and Trauma Response)**

I. Purpose

The primary purpose of this program is to establish a system that objectively, systematically and continuously monitors the quality of care provided by (Agency Name). It also provides for assessment, feedback and improvement of quality and appropriateness of patient care provided by its EMS providers. It is the aim of this program to guarantee the highest standard of care in the pre-hospital setting and to identify problems and aid in their correction. The focus of this program is on improving overall patient care without being critical or punitive to providers as the result of individual performances. When a problem is discovered, the goal will be to prevent reoccurrence through the process of feedback and education.

This program is required to comply with the Virginia Department of Health, Office of EMS Rules and Regulations 12-VAC §5-31-600, to provide for quality management at the agency level. This plan is required to be approved by the agency OMD, and (Other local entity). Dated approval signatures will be located on the last page of this document. Specific data is required to be submitted to (Name of Person) quarterly and will be tabulated by the agency QI Committee. The data may also be shared with the local Medical Direction Committee. While the data is shared, all personal information will remain confidential.

The Regional EMS Council's Trauma Triage Committee and EMS PI monitors quality improvement issues in the region to include run data, personnel or agency problems as brought to their attention through the OMD Committee, area hospitals, and each agency's Quality Management Committee. The (Agency Name) is encouraged to submit unusual or troublesome reports that have been addressed to the Regional Trauma Triage Committee or EMS PI Committee for review. The Regional Trauma Triage Committee and EMS PI Committees may be asked to report or make recommendations to the Regional OMD Committee. The ultimate goal of the Committee is education of the provider and improvement of patient care in the Tidewater EMS Council region.

II. Procedure

A peer review committee will be established at the (Agency Name). This committee should consist of a chairperson, and at least two additional providers, one ALS and one BLS. The committee members shall not necessarily be operational officers of the station. This committee will be responsible for design, implementation and ongoing operation of the program, as well as suggestions and modifications to the program.

The Patient Care Reports (PCR) will be utilized to gather statistical data regarding the delivery of specific patient care. The published result of the reviews will be compiled in a statistical format and will contain no unit or provider identifiable information. PCR reviews of certain incident types will be conducted on a rotating basis to measure the

efforts of the system to improve quality. Incident types selected for review will be dictated by the needs of the EMS system and will be selected by the QI/PI Committee. PCR reviews will be conducted on a quarterly basis, at a minimum.

All “major” run reports will be reviewed by the committee. These shall include:

- All Intubations
- All IO's
- All CPR's
- Patients With Critical Multiple Trauma
- Patients Who Died of Cardiac Arrest in Transport
- Helicopter Activation
- Fatalities
- Serious Equipment Failures
- Needlesticks
- Extended Extractions
- All Calls for Which a Complaint is Received (internally or from the hospital)

The reports that have been selected for review will have a Pre-hospital Quality Improvement Program Review Form (See Attachment A) attached to the report. This form signifies that this report has been reviewed by the committee and is also a means for follow-up at the regional/OMD level, if necessary.

All deviations from accepted patient care standards and/or documentation that should be noted during the PCR review process. Deviations from the standard of care will be categorized as follows:

Class I: Deviations from the standard of care and/or regional policy that have been identified as patient care trends that detract from the effectiveness of the EMS system. Examples may include, but not limited to:

- a. Failure to immobilize the head and neck following intubation
- b. Failure to utilize pulse oximetry where appropriate
- c. Common patient care documentation failures (reassessment, lung sounds, justification for deviation, etc.)

Class II: Deviations from the standard of care that possibly could affect patient outcomes negatively. Examples may include, but are not limited to;

- a. Improper documentation of interventions
- b. Failure to confirm tube placement with secondary device
- c. Untimely treatment
- d. Incomplete treatment (ceased or withheld treatment inappropriately)
- e. Failure to contact medical control when required as indicated by regional protocols
- f. Failure to appropriately document controlled substances wasted

- Class III:** Deviations from the standard of care that have a high possibility/probability of negatively effecting patient outcomes. Examples may include, but not limited to:
- a. Improper medication administration (wrong med., wrong dose, wrong patient, wrong route)
 - b. Inappropriate medical procedures
 - c. Failure to provide required/indicated interventions
 - d. Interventions performed beyond provider's scope of practice
 - e. Failure to pace or defibrillate when appropriate
 - f. Inappropriate transport decisions

III. Committee Actions

Upon review of the above criteria, the Committee, OMD or (Agency's Ranking Officer) may recommend specific actions. These actions may include, but may not be limited to, a suggested modification to protocols or special training sessions.

In all instances, the (Agency Name) Chief Officer shall be made aware of any problems involving an individual and/or the System. Any recommendations for disciplinary action shall be presented through the (Agency Name) Chief Officer and will be handled in accordance with (Agency Name) Rules of Conduct. Meetings between the agency's Committee Chair, the (Agency's Ranking Officer) and Medical Director(s) shall be scheduled as necessary. Action taken by this group will be presented confidentially by the (Agency's Ranking Officer) to the individual in the presence of the Committee Chair.

The agency OMD must participate in any disciplinary actions or decisions as it relates to patient care, as outlined by the Code of Virginia. An OMD may suspend a provider from practicing their skills in this agency, and this must be reported to the Virginia Office of EMS.

IV. PI Program

Performance and Quality Improvement is essential in the improvement of any system. The TEMS Regional Council Strategic Plan states that the regionalization of data collection is a high priority and promotes the development of standardized data collection and analysis. Quarterly review of high acuity, problem prone procedures (i.e. Needle Cricothyrotomy, chest decompression, RSI, synchronized cardioversion, etc) will be addressed and will be cooperatively shared between the PI and TTI committees. Additionally, a quality improvement schedule of major topics (i.e. Cardiac-Respiratory Arrest, Major Trauma, Chest Pain/Cardia, Difficulty Breathing/Respiratory, Altered States and Refusals) will also be utilized. The QI schedule is shown below.

Month	Scene Times	On Scene-12 Lead Chest Pain 35 min or >	GCS	Over/Under Trauma Triage	Vital Signs on Trauma Patients
July 2016	X	X	X	X	X
August 2016	X	X	X	X	X
September 2016	X	X	X	X	X
October 2016	X	X	X	X	X
November 2016	X	X	X	X	X
December 2016	X	X	X	X	X
January 2017	X	X	X	X	X
February 2017	X	X	X	X	X
March 2017	X	X	X	X	X
April 2017	X	X	X	X	X
May 2017	X	X	X	X	X
June 2017	X	X	X	X	X

In a cooperative venture with agencies, the PI and TTI committees and the Education workgroup, an effort will be made to identify the educational needs of the EMS providers of the region through benchmarking, highlighting significant findings and through qualitative and quantitative measures of data gathering.

Performance Indicators

Starting with the 2007 release of the Tidewater Regional Prehospital Medical Care Protocols the addition of Performance Indicators were added to enhance quality improvement initiatives. The utilization of performance indicators built directly into the regional protocols will facilitate consistency in performance expectation.

Performance indicators are a means of following identified performance benchmarks through the performance improvement process. The formal request of final outcome data from local hospitals to include diagnosis, significant findings, and discharge status will dramatically increase and enhance the quality and performance improvement capabilities throughout the TEMS region.

Many of the performance indicators have been developed to increase documentation reliability throughout the region. The performance indicators should be used as a basic template for patient care documentation related to specific protocols. Compliance with the performance indicators will enable the regional council and local EMS/Fire agencies to obtain a valid snapshot of how any given agency is performing with regards to specific protocols. Over time, these snapshots can be used by the regional council and local EMS/Fire agencies to improve the consistency and quality of prehospital patient care.

V. Summary

This quality improvement process is prospective, concurrent and retrospective. In being prospective, information will be looked at so that improvements can be made to prevent future problems. The concurrent process evaluates how things are done now, and suggestions may be made on issues such as new provider training, preceptor programs, and peer reviews. The retrospective process looks at how things were done recently, such as run reviews, QI issues, etc. This process is an avenue for evaluating and improving overall agency performance.

This policy requires the following QI indicators (criteria) to be reported on a quarterly basis:

1. Number of patient care report forms reviewed for each quarter.
2. Any commendations made to agency members
3. Any disciplinary actions based on patient care

These statistics will be reported to (Agency Chief Officer or OMD) on a PCR Checklist. (Agency Chief Officer or OMD) reserves the right to expand or revise these criteria at their discretion.

(Agency Name) is required by the Virginia Office of EMS to maintain a quality management report that documents quarterly PCR reviews. The completed PCR Checklist(s) will serve as a written legal record and shall be made available to an Office of EMS representative if requested during an agency inspection, along with this plan.

(Agency Name)

**PERFORMANCE IMPROVEMENT/CONTINUOUS QUALITY
IMPROVEMENT PROGRAM
APPROVALS**

(Date)

Operational Medical Director date
(Agency Name)

Chief Officer date
(Agency Name)

(City/County or other entity representative) date

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.

Attachment A

(Agency Name)

**Pre-Hospital Quality Improvement/Performance Improvement Program
PCR REVIEW FORM**

This form will be used to document every PPCR review that is made by the agency Quality Improvement Committee and shall be attached to the agency copy of that report.

Incident Number _____ Unit OIC _____ Date of Call _____ Date of Review _____

1. Is the written report legible? yes no

2. Is there a question of procedural competence? yes no

Explain _____

3. Was patient care appropriate?
(consider protocol adherence and/or deviation from standard practice) yes no

Explain

4. Is there a question regarding response or on-scene time? yes no

Explain

5. Was medical control contacted? yes no

For patient report only? yes no

For on-line orders outside of standing orders? yes no

Explain

6. Other Comments

CORRECTIVE ACTIONS

Individual training – Date completed _____ Trainer _____

Protocol Review - Date Completed _____ Trainer _____

REVIEWED BY:

Quality Management Committee (Names: _____, _____, _____)

OMD (Name: _____) Date Reviewed _____

(County or other entity representative) QI / PI Committee Date Reviewed _____

Additional Comments should be documented on the reverse of this page.