

**The Mid-Coast Region
Emergency Medical Services
Quality Assurance Guidelines**

September 1, 2000 (Revision August 2005)

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Introduction

EMS systems and administrative structures are very complex within the state of Maine. The development of a QA / CQI plan should vary amongst EMS services and from region to region, at the same time evaluating and improving patient care in the pre-hospital setting. A successful quality assurance program will identify and quantify areas for improvement using field and clinical rotations, provider QA participation, and physician input. Improvement in quality depends on leadership and the understanding of EMS Customer Service with preferred Methods of Care instead of Standards of Care.

Mission Statement

For the QA and CQI process in the Mid-Coast region to continually improve pre-hospital emergency care for patients throughout Lincoln, Knox, and Waldo counties of Maine within a supportive environment of education and training.

Definitions

Continuous Quality Improvement Plan (CQI) A management approach to the continuous study and improvement of the processes of providing EMS services to meet the needs of patients and providers. CQI focuses on making an entire (local) system's outcomes better by constantly adjusting and improving the system itself, instead of searching out and getting rid of bad apples.

Quality Assurance (QA) Retrospective review or inspection of services or processes that is intended to identify problems and provide adequate confidence that the quality of patient care will satisfy requirements (protocols).

Medical Control Direction: Physician supervision of pre-hospital emergency care. Actions taken to ensure that care provided on behalf of the ill or injured patients is medically appropriate. Medical Control includes interaction with operational and administrative aspects of EMS (for example: education, QA, ambulance staffing, dispatch issues, and hospital destination).

Protocol: The written statement approved by the Medical Direction and Practices Board and filed with the Maine EMS Board, specifying the conditions under which some form of emergency medical care is to be given by EMS persons.

Regional Medical Director: Physician designated in each EMS region by the regional council, approved by the Maine EMS Board, to oversee all matters of medical control and to advise the regional council of such matters.

MCEMS Regional QA / CQI Requirements

MCEMS

1. MCEMS, depending on available resources, will maintain per diem QA staff services and a standing QA Committee, as established by the regional council and approved by the Maine EMS Board.
2. MCEMS will provide operational service QA training, depending on resources and scheduling.
3. MCEMS will adopt a method for imposing conditions on or suspending EMS practices within the region (appendix) in accordance with APA procedures; Maine EMS statutes, rules; and criteria established by the MDPB, and Board; when in cases of serious infringements of protocol or rules have been recognized. (Currently being examined by the Maine EMS AAG / MDPB)
4. The MCEMS Regional Coordinator may carry out administrative functions as authorized by the Regional Medical Control Director.

EMS Service

Each EMS service will have an approved service QA plan in place according to regional criteria approved and published by the Maine EMS Board... This plan will include a designated QA officer as well as a defined QA Committee (appendix)

Hospital

1. MCEMS will work with hospital staff to provide case review opportunities to services; keep updated on local service QA approaches and issues; and be kept updated on regional and state EMS statutes, rules, protocols, and related QA policies.
2. Each hospital will submit to the Regional Quality Assurance Committee, a copy of the hospital's EMS QA plan. As required per statute (appendix), the plan will continually monitor, evaluate, identify issues, implement improvements, and re-evaluate for further improvement of pre-hospital components of emergency care as rendered by licensed pre-hospital providers.

QA / CQI Issues

Resolutions sought for QA / CQI issues will be kept at a service and hospital level unless a serious protocol / rule infringement is recognized and / or a public safety concern recognized for emergency revocation. In such cases, MCEMS staff will review QA documentation with hospital and /or service QA staff for necessary follow up and consideration of alternatives for resolution. Submitted documentation considered for serious protocol / rule infringement and / or a public safety concern will be kept on file by MCEMS staff and forwarded to Maine EMS. A QA staff procedural algorithm can be found in the appendices.

EMS Providers

Providers are expected to maintain a skill and knowledge base as according to respective scope of practices, credentialing, and re-credentialing policies as established by Maine EMS rules, as well as EMS protocols.

Confidentiality of Records and QA Issues/Concerns

Providers are expected to maintain patient care records in safe keeping and knowledge about these records; as in accordance with company, city/ state, and federal policies, rules and statutes. (Regional and Maine EMS, HIPAA, Medicare, etc.)

Additionally, EMS providers and services are expected to maintain the highest degree of professional courtesy when having known knowledge of QA inquiries, or state investigations, relative to self or other personnel/services. Sharing of such information should only be allowed when authorized by legal counsel, requested by regional EMS and/or state EMS staff, and as according to established policy, rule, or statute.

Minimum Requirements For A Service QA Plan (to be revised with implementation of Electronic Run Reporting)

1. Each service will have a so named appointed A designated QA officer@ so selected by training and experience. This individual will represent QA for the service who may be contacted directly from hospital, regional, or state staff.
2. Each service will establish a QA / CQI Committee, approved by the Maine EMS Board (required on service application), defined by position, for instance, a license level, QA officer, training officer, service chief, etc. This Committee should meet at least quarterly.
3. Each service QA Committee / or designee will develop a method of evaluating the service=s EMS run reports, which will contain the following criteria:
 - A. each run report will be reviewed for completeness, within 5 working days of each call (all areas completely filled out, check boxes, licensure numbers, narrative filled in yes or no?, endorsements, etc.)
 - B. review every 10th run report as a minimum (low volume services are encouraged to review all runs), as follows:
 - Accuracy of information Treatment provided
 - Response times Time on scene
 - Protocol followed / or not
 - Medication given (correct drug, dose, route, and time)
 - Rhythm strips and QA forms attached
 - Verbal orders recorded and followed / or not
 - C. all Intermediates and Paramedic calls (non - BLS) will be reviewed for appropriateness of ALS utilization consistent with criteria as approved and published by the regional QA Committee (appendix). (were ALS skills used as per protocol, if ALS back - up requested, necessary?. and / or available or not?, etc.)
 - D. will participate in focused audits as determined by criteria set forth by the Regional Medical Director
 - E. each service QA Committee / or designee shall develop a process by which run reports are only reviewed by personnel not directly related to the particular call and are evaluated by staff licensed to the highest level of care provided on the call
4. Each service QA Committee / or designee shall establish a method for addressing quality

assurance issues, to include:

- A. notification to the service chief of the identified patient care issues / personnel involved
- B. provision of positive remediation / training addressing the patient care deficiencies*, with report of outcome to the Regional Coordinator and/ or Regional QA Manager.
- C. bringing to the attention of the local Medical Control physician, Regional Medical Director, and Regional Coordinator / or Regional QA Manager, any issues seriously effecting patient care that cannot be satisfactorily resolved through remedial training, or is a serious violation of EMS protocol / rule that warrants immediate action. (Conditions imposed - appendix)

*Example resolution (step process):

- 1. Following the completeness and initial QA staff review of run report(s), attach service QA review form (example - appendix)
- 2. Remedial training required within service for provider
- 3. Further review / run report(s) / same provider with local hospital and service QA
- 4. Further review / run report(s) / provider with regional QA / hospital / service, set up clinical / field rotation and further remedial training, etc.
- 5. Following required training, in -service review of all runs involving provider in question for specific amount of time (months, etc.)
In most situations, education and increased run volume is a key to successful QA / CQI problems.

- 5. Each service QA Committee / or designee shall establish a method by which personnel skills will be evaluated, either by tracking actual field experience and / or by training experiences / credentials, Examples include:
 - A. utilization of the Regional Annual Service Level Review Format for EMS Personnel
 - B. utilization of Provider Activity Data Reports (appendix, provided by region and / or state data print outs, data shouldn't be over six months old)
 - C. or similar review format according to the call volume of the service and available resources
For example: CEH (re-credentialing requirements) training completed by providers should be reviewed continuously and provided for in those skill / knowledge base areas which providers are not routinely exposed to in field practice. How often are EMT=s exposed to OB emergencies or Paramedics perform cric / chest decomp., etc.?
- 6. Each service is encouraged to participate at local hospital Case Reviews The MCEMS office and hospital QA staff will keep track of local service participation as related to QA issues and concerns. Case Review sessions may be utilized as QA remedial training requirements.
- 7. Each service QA plan will be submitted to the region for review as follows:
 - A. attached to the service application when submitted for (initial) licensure or re-licensure (if revised)
 - B. upon request by hospital or regional QA staff
- 8. Service QA policies are to be reviewed on an annual basis and comply with all state and federal statutes. (e.g. HIPAA)

Each hospital has a delegated Medical Control (QA) physician and QA nurse within the emergency department. Local Medical Control personnel are encouraged to discuss any issues or concerns with field providers and respective service chiefs that is related to a specific run as soon as possible (same time or within a few days) following the emergent care of the patient. Field providers and/or service chiefs are also encouraged to discuss any issues or concerns with a specific run as soon as possible (same time or within a few days) following the emergent care of the patient. Run reports are reviewed through the hospital EMS / QA process with the appropriate QA forms attached (appendix). These same forms are also templates for service use. A hospital EMS QA process is defined by statute (appendix) and in addition, each hospital is requested to have an EMS - QA liaison staff person(s). Regional QA staff visits hospitals to review the EMS QA files with staff at least every quarter. If a serious patient care problem is recognized by hospital staff, the local medical control physician / QA nurse and county delegate, and regional coordinator and regional medical director should be immediately consulted and Conditions Imposed / Suspension of Privileges Procedure (appendix) considered.

Hospitals are encouraged to participate in their own local EMS QA Review process. A designated QA staff person(s) will be identified by each hospital for reporting and feedback for local services and regional staff. Hospital staff are encouraged to assist in the provision of local QA specialty training needs as identified through EMS QA review. A hospital procedural algorithm can be found in the appendices.

A Quality Assurance Committee

A Quality Assurance Committee (Medical Control Committee) shall be established for the purpose of promoting and monitoring the quality of patient care throughout the region. Its membership shall consist of the regional medical control director, who shall serve as chair; medical control physician directors of each medical facility emergency department (ED) located within the region, a delegated ED nurse from each ED, QA staff as approved by the Board of Director, the Board president and vice-president, and regional coordinator. The chair of this committee shall be a standing ex officio member of the Board of Directors. The chair may delegate segments of authority to local medical directors. A meeting schedule shall be established by the committee membership.

Appendix A

Maine EMS Law / Rule / Protocol Requirements Relative To QA / CQI Title Listings

Chapter 2-B, Maine EMS Act of 1982 (Revised August 4, 2004) (full copy at MCEMS or at <http://www.state.me.us/dps/ems/>)

- 32 § 92. Confidentiality of Information
- 32 § 92-A. Records of Quality Assurance activities.
- 32 § 93. Immunity

Maine EMS Rules (revised July 1, 2003) (full copy at MCEMS or at

<http://www.state.me.us/dps/ems/>)

Chapter 3., § 5. - Service Licensing Standards, demonstrate to Maine EMS that:
1.C.6. - the written approval of the regional medical directorQA
arrangements 1. C.7. - service level QA / QI Committee

Chapter 3. § 8. - Availability for Emergency Response

Chapter 3 § 9. - Patient Run Reporting Form

Chapter 5., § 2. – Licensees may perform the following treatments.....

Chapter 11., § 1 - Refusing to issue, renew, suspending, and revoking a license

Chapter 15., § 4. - Medical Control and Delegation

Maine EMS Protocol Forward Sections (ENCLOSED)– July 1, 2005 (full copy at MCEMS or
at <http://www.state.me.us/dps/ems/>)

Maine EMS Run Report Manual – January 2004 (copy at MCEMS or at
<http://www.state.me.us/dps/ems/>)

Appendix B

QA Forms

Review Form

Immediate QA Review Form

ECG Documentation Form

Transfer Forms

Appendix C

QA CEH / Workshop Outline

Regional QA Staff

Regional QA Staff Procedural Algorithm

Appendix D

Hospital QA Rule

Hospital QA Staff

Hospital Example of Procedural Algorithm

Appendix E

Maine EMS Policies and Guidelines

Appendix F

Conditions Imposed and / or Suspension of Privileges to Practice - Policies and Procedures

Criteria Established By The Regional QA Committee

Codes Not Transported

ALS\Calls and Appropriate Use Of

20 Minute Notification