



Tidewater EMS Council, Inc.

Performance Improvement

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TEMS Regional Quality Improvement/Performance Improvement Plan

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Purpose

The Quality Improvement/Performance Improvement Committee (*QI/PI*), under direction of the Operational Medical Direction (OMD) Committee is responsible for assuring and improving the quality of pre-hospital care within EMS systems that are served by the Tidewater's Emergency Medical Services Council (*TEMS*).

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 (*QI*).
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 the Tidewater's Region.
4. This committee shall meet every month on the 2nd Thursday at the TEMS office.

Membership

The QI/PI Improvement Committee shall be comprised of one representative appointed by each EMS agency and accredited education and training organization or institution located within the region served by the Tidewater's Emergency Medical Services Council. That person should have the authority to make decisions for their organization. Each hospital Emergency Department will have a representative on the QI/PI Committee. A representative from the Operational Medical Director Committee (*OMD COMMITTEE*) will be assigned to the QI/PI Improvement Committee.

Member Responsibilities

1. Members of the QI/PI 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 an ongoing Quality Management (QM) Program which should include PCR review audits and data collection within their respective EMS agency.
 - b. Maintain strict confidentiality of patient information, personnel and Q/A topics.
 - c. Maintain active membership, which is defined as 75% attendance by each committee member and/or their designee at all meetings.
2. The chairperson of the QI/PI Committee shall be the TEMS Regional OMD or an appointed member of the OMD COMMITTEE. His/Her responsibilities shall include:
 - a. Final decisions and actions of the QI/PI Committee.
 - b. Draft all letters of recommendations to local EMS agencies, Operating Medical Director's (*OMD*) or hospitals.
 - c. Draft all proposals for changes to policies, guidelines and protocols.
 - d. Liaison to local EMS agencies' OMD's and Hospital Physicians.
 - e. Liaison to Medical Advisors Committee
3. The co-chairperson of the QI/PI Committee shall be the senior level EMS provider of the committee or his/her designee. His/Her responsibilities shall include:



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- a. Liaison to all local EMS agencies and Hospitals
- b. Liaison to the Protocol workgroup.

4. Confidentiality:

In order to maintain the integrity of the QI/PI 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.

5. Meetings: Meetings will be held on the second Thursday of each month.

Medical Incident Review (OI)

Effective identification, analysis, and correction of problems requires an objective review by qualified, appropriate members of EMS and hospitals programs within the TEMS Region, protected by a process which ensures confidentiality.

1. Each EMS agency will report on any Medical Incident Review (MIR) that has occurred in their agency since the last meeting. This may include positive and negative outcomes.
2. The QI/PI Committee may conduct a Medical Incident Review (MIR) that could include but not limited to:
 - a. Multi-agency/faculty incident
 - b. Special requests submitted by an agency, faculty, or individual
3. Submission of a Medical Incident Review
 - a. Only one MIR report is needed to be submitted. This should be done by the reporting or agency/faculty/individual that wishes for a review process.
 - b. A **Medical Control Incident Report** form and copy of the PCR should be submitted the TEMS office
4. The agencies and/or faculties involved in the MIR will be notified and copy the form will forward to the agency/faculty's representative within 72 hours.
 - a. The involved personnel should be notified by their respective agency/facility of the initiation of the MIR process.
5. 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 agency/faculty's representative.
6. The QI/PI 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.)
7. The QI/PI 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*).



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- Recommendation may included changes to policy, produce, or protocols which will be forward to the Protocol workgroup
 - 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.
 - All recommendations will be forward to the appropriate agency's representative and OMD.
 - a. This letter will be drafted by the appointed OMD chairman.
2. The QI/PI Committee may report any findings to 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 the EMS & Trauma System in the Tidewater's EMS Region. 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 regional 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 TEMS QI/PI Committee is to:
 - a. Design and implement QI projects that are practical and are able collect patient care statistics to evaluate system effectiveness and identify trends in patient care.
 - b. Establish Regional Clinical Bench Marks to measure the TEMS Regional system effectiveness.
2. Request may be directed by OMD Committee, QI/PI Committee or other EMS agencies or hospitals.
3. Projects will be developed on a quarterly basis and a schedule will be posted on the TEMS website.



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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	Major Trauma	Chest Pain/Cardiac	Difficulty Breathing/Respiratory	Unresponsive/Altered LOC	Refusal
July	X				X
August	X	X			
September	X			X	
October	X		X		
November	X				X
December	X	X			
January	X			X	
February	X		X		
March	X				X
April	X	X			
May	X			X	
June	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.



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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 TEMS Regional Quality Improvement Form. All forms containing incident data should be treated as Protected Health Information and handled using the secured document system in accordance with HIPAA standards.

[TEMS QI Form.doc](#)