



POLICY: Quality Management Plan Development Guidelines (Sample)

I. Purpose

To assist EMS Agencies in developing a written Quality Management program to ensure the highest quality of prehospital care is consistently delivered to all patients within the Western Virginia EMS Region.

An EMS Agency shall have an ongoing Quality Management Program designed to objectively, systematically and continuously monitor, assess and improve the quality and appropriateness of care provided by the agency.

II. Objectives

- A. Strive to improve EMS with monitoring of care that is delivered and systems operation so that outstanding care can be honored and challenges addressed.
- B. Provide a program for constructive feedback to EMS providers and managers.
- C. Recognize trends in patient care that are in need of improvement and recommending and/or providing education to facilitate system and provider improvement.
- D. Recognition of outstanding care and operations, with an emphasis on building better providers.
- E. Focus on the process to improve outcomes, not the outcomes themselves.
- F. To maintain a regional form available to agencies and receiving facilities to document care or systems concerns and to provide an opportunity for positive feedback.
- G. To maintain an integrated program that includes all activities related to patient care, communications, and all aspects of transport operations and equipment maintenance pertinent to the agency's mission.

III. Definitions

Quality Assurance (QA): A retrospective review of services and processes that is intended to identify problems and provide adequate confidence that the quality of patient care will satisfy protocol.

Quality Improvement (QI): A process by which agencies shall ensure the information gained through Quality Assurance from providers, other agencies and receiving facilities is utilized to effectively improve the quality of care provided in the future.

Quality Management (QM): The continuous study of and improvement of an EMS agency or system including the collection of data, the identification of deficiencies through continuous evaluation, the education of personnel and the establishment of goals, policies and programs that improve patient outcomes in the EMS system.

Operational Medical Director: (OMD) Physician supervisor for each individual agency's pre-hospital care. Assists agency in ensuring that care provided to the ill or injured patient is medically appropriate. Includes interaction with the operational and administrative aspects of the agency (for example training, QA/QI, and education).

Protocol: The written orders approved by the individual agency OMD or the Regional Medical Director specifying the conditions under which emergency medical care is to be given by EMS personnel.

IV. Policy

- A. Each EMS agency will have a Quality Management plan in place.
- B. This plan will include a defined Quality Management (QM) committee and a designated QA officer.
- C. Each agency's QM committee will be comprised of individuals representing each level of certification provided within that agency, ALS or BLS. As well as the designated QA officer, other members should include staff minimally certified to the highest level of care (ALS or BLS) provided on the call, and at least one other operational officer of the agency.
- D. This committee should meet at least bi-monthly and more frequently if possible.
- E. Each agency shall have a written statement of program goals and objectives which address at least the following:
 - 1) Identify important aspects of care
 - 2) How the agency will collect and organize data
 - 3) What actions will be taken to improve care

- 4) Recognize, reward, and reinforce positive performance
- F. Each Agency will document all aspects of the QM committee activity, to include:
- 1) Meeting dates
 - 2) Issues discussed
 - 3) Resolutions and/or disciplinary action
 - 4) OMD involvement
- G. WVEMS will attempt to provide primary certification, continuing education and remedial training, depending on resources and scheduling.
- H. Each agency's QM committee will develop a method of evaluating the EMS run reports as follows:
- 1) Review every 10th PPCR at a minimum (low volume services are encouraged to review runs at a more frequent basis).
 - a) Completeness of information (all areas completely filled out, check boxes, certification numbers, narrative, etc)
 - b) Adherence to agency and WVEMS Regional protocols
 - c) Complete set of times
 - d) Minimum of two complete sets of vital signs
 - e) Medications given, if any (correct drug, dose, route, time, etc.)
 - f) Appropriate procedures performed by appropriate personnel
- PPCR reviews must be completed at least quarterly and must be supervised by the agency OMD to comply with EMS Rules and Regulations (12 VAC 5-31-600).
- I. Each Agency's QM Committee shall establish a method for addressing patient care concerns, to include:
- 1) Notification of the Agency's chief operating officer (EMS operations officer, if appropriate) and QA officer of the identified patient care issues and personnel involved.
 - 2) A provision for positive themed remediation/training, addressing the patient care deficiencies.
 - 3) Bringing to the attention of the OMD any issues seriously affecting patient care that cannot be satisfactorily resolved through remedial training, or is a serious violation of EMS protocol or local standard of care.
 - 4) Remedial training required within the agency for the provider, and evaluation of the results (i.e. hours completed, competencies performed, etc.)

- 5) A mechanism to notify the OMD regarding remedial training required, planned or completed and a method to secure OMD input.
 - 6) Following the required training, providing internal agency review of all runs involving the provider in question for a specific amount of time (months, number of calls, etc), if deemed appropriate.
- J. Each agency's QM committee may establish a method by which personnel's skills may be evaluated, by either tracking field experience and/or training experience.
- K. Each QM committee shall develop a process by which all run reports are reviewed only by personnel not directly related to the call.
- L. Confidentiality of Information, as to patients and providers involved, shall be exercised at all times. A written statement of Confidentiality will be formulated by the agency, and signed by all QM committee members.
- M. The OMD or agency may define specific cases for QA review (for example: chest pain, cardiac arrest, intubations, external agency transfers, refusals, etc).
- N. At the OMD's request, a clinical review may be held to include reviews by other qualified staff or agency members. A clinical review is a service to provide external evaluation and input of any identified issues after internal processes have been exhausted without appropriate resolution. The process is as follows:
- 1) The OMD notifies the QA officer of his/her intent to ask for clinical review of provider's actions. The QA officer should notify the chief operating officer (EMS operations officer, if appropriate) and the affected provider.
 - 2) The OMD will notify the WVEMS Regional Education Coordinator and ask to schedule a clinical review.
 - 3) The Regional Education Coordinator, with the involved OMD selects one Physician and one peer (EMS Provider) to represent the OMD.
 - 4) The agency QA officer will assist the provider in securing a peer member (EMS Provider) and a Physician for the clinical review. WVEMS staff will be available to assist agencies in securing a peer member and Physician, if needed.
 - 5) The two peer members and two physicians will review the information presented by the Regional Education Coordinator and Agency OMD, and will formulate a written proposal to return to the Agency OMD.

Any proposals returned will abide by applicable state EMS regulations and shall follow due process as outlined in agency policies.