

## A SAMPLE JURISDICTIONAL QUALITY ASSURANCE PLAN

- 1) **Introduction:** According to Maryland Regulation: “ Quality Assurance (QA) means an organized method of auditing and evaluating care provided within EMS systems.” Contrary to popular belief, the primary focus of QA is on improving the Quality of the EMS system. However, as with all medical services, questions arise as to the appropriateness of care provided to an individual patient and the policies controlling the provision of medical care. This plan provides both a forum for continuous system improvement and a means to review significant incidents. A medical review process must consider the facts concerning individual incidents, adjudicate allegations in a fashion which is consistent, provide due process to all parties, and ensures quality patient care.

This document is a sample for you to adapt to your needs in developing a Jurisdictional Quality Assurance Plan. It was developed based on the excellent work done by the Harford County EMS Association.

- 2) **Medical Review Committee Structure:** The Jurisdiction will establish a Medical Review Committee which will include:

- a) The Jurisdictional Medical Director
- b) The Associate Jurisdictional Medical Director (s)
- c) A provider from each level in the jurisdiction
- d) consider inviting the operations officer involved in the incident
- e) other members appropriate to the jurisdiction

- 3) **Medical Review Committee Charge:** The Medical Review Committee is the body charged with Quality Assurance and Quality Improvement in the jurisdiction. For quality improvement efforts, it may be expanded to include members such as:

- a) Hospital personnel
- b) Nursing home personnel
- c) Consumers
- d) Community representatives
- e) Public information officers
- f) EMS training personnel

**OR** it may create another committee to handle Quality Improvement efforts themselves. How this is accomplished is a local option.

4) **Medical Incident Review Responsibilities:**

- a) To review written or oral allegations that an EMS provider failed to act in accordance with applicable law or protocols or that pre hospital care was below the applicable standard of care
- b) To identify and report protocol variations.
  - i) Identify variation
  - ii) Identify root cause
  - iii) Address root cause – lack of knowledge or skills, limitation of resources, poor communications, conduct issue, etc.
- c) To provide remedial action to resolve patient care issues
  - i) Remedial actions may include retraining, counseling, disciplinary action. Disciplinary action is not normally considered unless the incident review demonstrates that a conduct (behavior) problem occurred or that a pattern of similar patient care issues exists with the provider.
  - ii) Establish format to document such actions
- d) To notify MIEMSS as appropriate: See QAOR Form for details
  - i) Extraordinary Care Protocol - 24 hours notification to State EMS medical director and jurisdictional medical director required
  - ii) Protocol variances, other care issues – preliminary report 5 days, final report 35 days
  - iii) It is recommended that the jurisdiction develop an internal flow chart to assure timely information flow

5) **Using Quality Assurance / System Review For Quality Improvement:**

- a) To review patient care data in order to identify trends and sentinel events
  - i) Data sources may include MAIS, Additional Narratives, AED usage reports
  - ii) Analyze sentinel events to determine if protocol change, equipment / resource change or remedial action is necessary
- b) To analyze trends and develop recommendations for appropriate action
  - i) Determine specific indicators to track in determining compliance
  - ii) May select a percentage of MAIS forms for random review
  - iii) May track specific jurisdictional indicators such as:
    - (1) Customer service / satisfaction
    - (2) Response time
  - iv) Review all incidents involving a specific patient condition or procedure such as:
    - (1) High volume patients i.e. Asthma
    - (2) High risk patients i.e. Cardiac arrest

- (3) Optional or new protocols i.e. RSI
  - (4) Opportunity to improve care i.e. Service issues with nursing homes
  - v) Work with MIEMSS to review Managing for Results Indicators
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- c) Recommendations might include changes in protocol, operational procedures or equipment
  - d) Plan should identify a type of review
  - e) Trends tracked to identify:
    - i) System issues
    - ii) Opportunities for improvement
    - iii) Disposition tracking
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- 6) **Patient / Provider / Service Confidentiality** : The EMS Jurisdiction Medical Review Committee is established as a medical review committee of the Maryland EMS System. Accordingly, the proceedings, records, and files of the EMS Jurisdiction Medical Review Committee are confidential by law pursuant to Section 14-501 of the Health Occupations Article of the Annotated Code. Additionally, much of the information gathered by the EMS Jurisdiction will be deemed confidential by law (State Government Article Sections 10-616(j) and 10-617(b)) because it contains medical or psychological information about individuals or constitutes a hospital record. The confidentiality of this information will be protected as well.

It is expected that all members of the Medical Review Committee and any invitees will maintain the confidentiality of all Medical Review Committee information. Willful and knowing release of information deemed confidential by law could result in criminal penalties (State Government Article Section 10-627). Additionally, willful and knowing disclosure of a confidential record, which identifies any individual, could result in liability to the individual for actual and punitive damages. (State Government Article Sections 10-626).

All members of the Medical Review Committee and any other individual who becomes exposed to this information shall be required to sign a confidentiality statement.

## I. GLOSSARY

### II.

**Compliance** in quality improvement terms means are we doing what we said we would do. In EMS terms this generally means are we following protocols.

**Credentiailling:** the process by which the Jurisdictional Medical Director evaluates the qualifications of an EMS provider and approves them to practice at a specific level

**Data** in quality assurance terms refers to readily available sets of information about a process, treatment, etc and includes such things as runsheets, patient care reports, surveys, demographics etc.

**Discipline** is a punitive action (such as written reprimand, fine, suspension or revocation of certification or license, termination) taken by a jurisdictional operation program or EMS Board in response to a medical incident or prohibitive conduct issue

**Emergency Medical Services (EMS) operational program** means:

- a) A jurisdictional EMS operational program; or
- b) An institution, agency, corporation or other entity that is licensed by MIEMSS as a commercial service.

In other words a county (or Baltimore or Annapolis City) EMS program or a commercial EMS program.

**Extraordinary Care** implies to maintain the life of a specific patient, it may be necessary, in rare instances, for the physician providing on line medical direction, to direct a pre hospital provider in rendering care that is not explicitly listed in with the Maryland Medical Protocols. Both the physician and pre hospital provider must acknowledge that care needed is not addressed in the protocols. The provider must also feel capable of carrying out the care directed by the physician. The consulting physician and provider must immediately notify the State EMS Director via SYSCOM and the provider must fax the State EMS Medical Director via SYSCOM with a written documentation within 24 hours.

**Incident** means a significant occurrence or event involving emergency response or care, a variance from the standard of care.

**Indicator** means a specific thing that is tracked for evaluation purposes. In EMS it could be a treatment, medication usage, assessment category etc.

**Jurisdictional EMS operational program (jurisdiction)** means an EMS operational program approved under COMAR 30.03.02.03 an is not licensed as a commercial service under Education Article, 13-15, Annotated Code of Maryland.  
In other words a jurisdictional- not commercial service.

**Medical practice** is the approval to practice at a specific level within a jurisdiction or state. The jurisdictional or state medical director may suspend or limit medical practice at any time if they feel that the provider poses a threat to health and welfare of patients.

**Patient Care Incident** is an incident in which patient care is not within the normal parameters. Investigation may lead to retraining of providers involved, a change in protocol or operations or

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acquisition of new or different patient care equipment. For example a patient care incident in which in a child under the recommended age guideline was successfully resuscitated using an AED led to a change in Maryland protocols.

**Practice Review Process** is a State peer review process, which recommends whether or not a pre hospital provider's certification or licensure needs to be suspended or revoked by the appropriate State Board.

**Privileges** are benefits associated with employment or membership in an EMS program

**Protocol** variation is any act or failure to act in practice or judgment, involving patient care that is not consistent with established protocol, whether or not it results in any change in the patient's status or condition.

**Quality Assurance (QA)** means an organized method of auditing and evaluating patient care within EMS systems. This is a broad definition that includes both tracking of "sentinel events i.e. specific patient care incidents" and systemwide performance.

**Quality Assurance Occurrence** means a patient care incident in which a protocol variation occurs, an Extraordinary Care Procedure occurs, providers are unable to carry out physician orders or some other sentinel event impacts patient care negatively.

**Quality Control** is the comparison of outcome to specifications.

**Quality Improvement** is also known as Continuous Quality Improvement, Total Quality Management, Total Quality Systems, Quality Systems Improvement, Total Quality, and Quality Management. All of these terms apply to a systematic, organization wide approach for continuously improving all processes to deliver quality products or services. It includes four basic ideas:

- Involve employees
- Focus on the customer
- Use data and team knowledge to improve decision-making
- Continuously improve processes

**Re education** provides for review of didactic information and /or skills from course materials.

**Remediation process** is a means of improving competence, remedying or correcting faulty habits

**Root Cause** is the basic, underlying reason for variance from standard of care or sentinel event. If root cause is identified, improvement strategies should target the root cause to reach the desired outcome i.e. a long lasting improvement.

**Sentinel Event** means a rare incident or occurrence that has significant impact on patient outcome or system function.

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