

**Maryland EMS Base Station
Quality Management Program**
[Hospital Name]

The Maryland EMS Base Station Quality Management (QM) program is part of the overall commitment of [Hospital Name] to improving patient care and outcomes in all phases of the health care system. This program is integrated into the hospital wide Quality Improvement/Quality Assurance effort and, in general, will follow the same processes and procedures.

The objectives of this program include:

Sustaining the quality of online medical consultation.

Improving the quality of EMS patient care, communication and coordination between EMS Base Station staff and EMS providers.

QM issue sources:

Special considerations

If issue involves possible threat to public health by EMS provider, immediately notify EMS Duty Officer for the respective jurisdiction. In egregious cases, consider also notifying State EMS Medical Director directly through SYSCOM/EMRC.

If issue involves alleged criminal conduct on part of EMS provider institute appropriate procedure.

For cause

Any individual or agency can request an investigation of a particular incident or concern for assurance or improvement. Sources include but are not limited to the following:

- 1) EMS provider;
- 2) EMS duty officer or administrator;
- 3) State EMS/MIEMSS;
- 4) Patient or family member;
- 5) Emergency department physician, nurse or technician;
- 6) Hospital attending staff, or
- 7) Hospital administrative staff.

Additional sentinel events that will trigger “for cause” reviews include:

- 1) All cases in which the Extraordinary Care Protocol is activated;
- 2) All cases involving a protocol variance, and
- 3) All cases in which EMS providers are unable to carry out a physician order.

Routine reviews

In addition, QM issues may be identified by routine EMS Base Station review.

QM issue identification:

For cause

A request for QM review of an incident should be made using the “EMS Base Station Incident Review Request” form (see Attachment) or a hospital “Patient Safety Report.” If the issue requires immediate intervention, the ED charge nurse and ED Physician Manager on duty at the time should be contacted. If the immediate quality care issues cannot be resolved by these individuals, the hospital Administrative Coordinator and ED departmental chairman and nurse manager should be contacted, along with the EMS Duty Officer for the respective jurisdiction.

Requests for QM review can also be made by phone by calling the ED administrative office at [#####].

Routine reviews

The physician EMS Base Station director or the Registered Nurse EMS Base Station coordinator will conduct routine reviews of the EMS consult log and tapes of EMS radio consults. Staff will conduct reviews on an ongoing basis, targeting [10% of consults for ED with less than 50,000 annual visits, 3% of consults for ED with more than 50,000 annual visits] or 30 cases monthly, whichever is greater.

Routine reviews will focus upon Priority 1 and 2 transports. If necessary, the sample may be augmented by Priority 3 notifications to achieve the targeted size. Reviews will be conducted using the MIEMSS consult audit tool, and resulting QM findings investigated in the following fashion.

QM issue investigation:

All requests will be assigned a tracking number and tracked on a QM Incident Review Record (see Attachment). Completed forms will be maintained in the QM logbook located [location]. The physician EMS Base Station director or the Registered Nurse EMS Base Station coordinator will perform a preliminary investigation and validate the incident.

If found to be factually sufficient, the physician EMS Base Station director or the Registered Nurse EMS Base Station coordinator will forward the report for further action, depending on personnel involved:

- 1) *Physicians and physician assistants* – to the Chairman of the Department of Emergency Medicine, who will review the case. Cases may be reviewed at departmental quarterly meetings and/or the ED Peer Review Committee, depending on severity.

- 2) *Nurses and patient care technicians* –to the ED Nursing Director, who will review the case and take appropriate action.
- 3) *EMS Providers* -- to the QA official at the respective jurisdiction, for their review and appropriate action.

Documentation of Action/Remediation:

The final disposition of every QM incident will be recorded in the QM logbook. Remediation of QM incidents may include, but is not limited to, counseling of involved individuals, required educational sessions, and limitation or suspension of EMS Base Station privileges. Program records will be retained in accordance with hospital policy.

Summaries of QM cases and trends will be presented as part of regular quarterly departmental physician and nursing staff meetings.