

CENTURA HEALTH/ST. ANTHONY HOSPITALS  
EMS QUALITY IMPROVEMENT PROGRAM

I. Purpose and Objectives.

A. Purpose. The purpose of the Quality Improvement Program is to provide guidelines and a mechanism for the development and enhancement of quality in prehospital care and the professional practice by the prehospital providers of \_\_\_\_\_ (“Agency”). This program is to comply with the requirements of C-CCR-713-6, Rule 500, Colorado Board of Medical Examiners Rules Defining the Duties and Responsibilities of Emergency Medical Services, Medical Directors and The Authorized Medical Acts of Emergency Medical Technicians (“Rules”), specifically section 3 which requires that a “medical continuous quality improvement program (MCQIP) be developed and implemented by the Medical Director. The term **Quality Improvement Program (QIP)** as used herein is intended to refer to the MCQIP as identified in the Rules.

B. Program Objectives. The objectives of the QIP include the following:

1. To assure that the delivery of prehospital patient care is optimal, delivered in a safe manner, and cost-effective for Agency.
2. To utilize internal and external standards, to include national, state, local and institutional, for measuring and improving prehospital practice.
3. To design effective mechanisms for identifying, assessing, improving and evaluating prehospital practice. This will include evaluation of the quality improvement process itself, physician direction, and the standards of the system itself.
4. To assure the routine and reliable evaluation of patient care practices and professional competency. Such evaluations will be pursued with objectivity, comprehensiveness, and with the goal of improvement for the individual provider or EMS system, and with regard to the individual training level and potential to be achieved.
5. To develop effective systems for the collection of documentation and data, and the dissemination of findings to appropriate persons, entities, and committees. All documentation will be maintained and managed with due regard to the privacy of patients, confidentiality afforded by law, and balancing the needs of the individual prehospital provider and the responsibilities of the Medical Director.

6. To provide mechanisms for cross-function/agency/department quality improvement activities (e.g., inter-agency, Fire Authorities, Emergency Departments, and EMT-B/EMT-I/EMT-P) for the

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benefit of patient care and professional practice for the individual prehospital provider and for Agency.

7. To maintain effective relationships with external (non-Centura Health) providers and resources to identify opportunities for change and improvement.
8. To provide mechanisms including educational opportunities by which all EMS providers may become knowledgeable of and participate in quality improvement activities.

### II. Definitions.

- A. Medical Director / Assistant Medical Director - The physician or physicians who with the concurrence of Agency agrees to be responsible for the supervision of emergency medical technicians pursuant to the Rules and as authorized by contract, and to the extent allowed by law. The Medical Director will be responsible for the following:
  1. Providing supervision for the emergency medical technicians (EMTs) of all certification levels who are authorized to provide care for Agency. An Assistant Medical Director may also be involved and assist in Medical Director responsibilities. Such supervision shall be provided consistent with accepted medical standards, the capability and discretion of the Medical Director, and in accordance with the Rules.
  2. Provide an appropriate medical quality control program and prehospital protocols for the EMTs and review same periodically or as otherwise necessary.
  3. To the extent reasonable and appropriate, assist in the review and resolution of complaints regarding the prehospital care provide by the EMTs.
  4. Make available to the EMTs appropriate training and skills evaluation.
  5. Provide infectious disease exposure follow-up to the EMTs for patients transported to St. Anthony Hospitals or to the extent required and allowed by law.
  6. Make available to the EMTs as agreed upon, continuing education or in-services in the Agency.

- B. The EMS Field Coordinator/Instructor will function as a liaison with the field agencies and is accountable for coordination of pre-hospital Quality Improvement (QI). Responsibilities include:

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1. Review, coordination and delivery of continuing education (CE) on an agreed upon basis. CE sessions are generally presented in a two hour format and usually include a segment devoted to case review.
  2. Data Management.
  3. Review and investigation of incidents.
  4. Patient follow-up and feedback to the agencies.
  5. Remedial training. Through the various activities listed above, when the need for remedial training is identified, arrangements can be made for educational programs or clinical rotations in the hospital.
  6. Various other services and input are available which might include: Accident Review and Prevention, MCI/Disaster Planning and Management, referral to Critical Incident Stress Debriefing programs, etc.
- C. Quality Improvement Program (QIP) - The process and structure by which the Medical Director / Assistant Medical Director provide oversight and supervision, promote improvement in the provision of patient care in the prehospital system of Agency.
- D. Quality Improvement Committee (QIC) - The committee which may be established by Agency and charged with the responsibility of monitoring the quality of prehospital care in Agency.
- E. Prehospital provider - All certification levels of emergency medical technician recognized by the Colorado Department of Public Health and Environment – Health Facilities EMS Division, including EMT-Basic with IV authorization and other non-EMT providers who provide patient care, such as OEC and first responder trained employees.

### III. Quality Improvement Committee (QIC). (If instituted by Agency)

- A. The QIC is composed of the following members:
1. Medical Director and/or Assistant Medical Director shall be members of the QIC.
  2. The employees of Agency are to appoint members to serve on the QIC.

3. Centura Health EMS Field Coordinator/Instructor (or delegated representative) assigned to Agency.
4. Representative from the St. Anthony prehospital staff.

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- B. All personnel of Agency are encouraged to attend general sessions of the QIC.
- C. To facilitate progression and continued input, members may serve for variable terms.

### IV. Field Protocols.

- A. The medical standards of the Medical Director / Assistant Medical Director for Agency prehospital providers and Agency system are embodied in the field protocols. Protocols provide a framework and guidelines for performance as well as establish criteria by which the performance of prehospital care can be evaluated. Therefore, the protocols will be periodically reviewed to verify that they are medically and operationally sound and can be clearly understood by each prehospital provider of Agency.
- B. The Medical Director / Assistant Medical Director shall, consistent with the requirements of the Rules, review and determine the appropriate medical and EMS medical control protocols for the Agency (see Denver Metro Paramedic protocols, appendix C).

### V. Activities of the QIC (or the Field Coordinator/Instructor assigned to Agency).

- A. The primary purpose of this QIC is the furtherance of quality of health care provided by the prehospital providers of the Agency.
- B. The QIC's responsibilities include but are not limited to:
  1. Collect data regarding prehospital providers' patient care, the medical control aspects of the Agency, such as type of response, patient population served by the Agency, outcomes of patient care, frequency of procedures, compliance with protocols and medical care standards.
  2. Monitor the QIP.
  3. Participate in review of emergency medical care standards and complaints involving medical care and make recommendations for improvement.
  4. Serve as liaison for Agency personnel in EMS Issues, complaints and developments and make recommendations for improvement to the Medical

Director / Assistant Medical Director and other appropriate entities or persons.

5. Review EMS contacts or prehospital cases identified by the Medical Director / Assistant Medical Director as exemplary or valuable for educational purposes beneficial to the QIC and the prehospital providers of the Agency.
6. The QIC will report summaries of its actions and data collection to Agency administration and field personnel on a periodic basis.

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7. Maintain current EMT certification records for Agency personnel and provide to the Medical Director / Assistant Medical Director as requested.
- C. Additional responsibilities of the Medical Director / Assistant Medical Director include:
1. Provide expertise and justification for medical procedures, medications and scope of practice considerations for prehospital providers in Agency.
  2. Provide expertise to the QIP of Agency. This shall include, for example, participation in the provision of continuing education, continuous quality improvement in medical direction and access to adjunct staff and resources of Centura Health - St. Anthony Hospitals, the Institute for Emergency Medical Training, and Apex Emergency Group, P.C.
  3. Identify clinical indicators for data collection and evaluation by the QIC.
  4. To serve as liaison to the Agency Board, other members of the Agency, the medical community, and other EMS Agencies in the region, for the QIC in the implementation and fulfillment of the goals and objectives of the QIP.
  5. Issuance of appropriate follow-up letters or reports of education, commendation, or instruction pertaining to the quality of medical care provided by any prehospital provider of the Agency.
  6. Conduct periodic skills assessments for ALS providers.
- D. In the event any activity of the QIC or Agency administration involves or may involve focused evaluation of an individual prehospital provider or other sensitive issues, the Medical Director / Assistant Medical Director may direct that review be conducted directly or solely by the office of the Medical Director or in a closed session of only members of the QIC.
- E. In the event any data collected by the QIC identifies, involves or may involve a need for immediate action by the Medical Director / Assistant Medical Director (e.g., in the event there is an immediate danger to patients or serious quality of patient care concern), appropriate action may be taken by the Medical Director / Assistant Medical Director as deemed necessary.

- F. The activities of the QIC are not intended to interfere with the operational or firefighting aspects of the Agency.
- G. Nothing contained in the QIP nor any activity of the QIC is intended nor should be construed as disciplinary or authorizing disciplinary action. Only the Medical Director / Assistant Medical Director or the Agency may initiate corrective or disciplinary actions.

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### VI. Confidentiality of QIC Proceedings.

- A. The proceedings, discussions and records of the QIC, information and records submitted to or produced by the QIC, shall remain strictly confidential. The QIC shall conduct itself as a professional review committee and subject to the provisions and principles of the self-evaluative privilege and any State or Federal privilege to the extent allowed by law.
  - 1. The goal and intent of the QIC is to improve the quality of patient care.
  - 2. The opinions, conclusions, and deliberations of the QIC members shall be considered confidential.
- B. To the extent possible, identification of patients and prehospital providers will not be disclosed by the QIC at any time, except as necessary for data collection, corrective action, or otherwise based on a valid need to know or disclosure of such information.
- C. The integrity of the QIC process and activities mandates that persons who participate in, report to or attend QIC sessions not disclose information acquired during QIC sessions to any person or entity outside of the QIC.

### VII. Data Collection and Data Analysis.

- A. Under the supervision of the Medical Director / Assistant Medical Director, the QIC will collect data through run report reviews and other sources, such as feedback from prehospital providers, base station tapes, complaints, and any other source of in-put.
- B. Data collected will be analyzed in conjunction with other sources, such as current research in prehospital care and specific needs for the Agency EMS system. Goals for improvement will then be identified by the QIC.
- C. Summaries of data and the criteria of run reviews will be available to the Agency personnel.

### VIII. Correction of Deficiencies.

- A. Corrective action refers to action utilized only in circumstances in which the quality improvement methodologies have identified individual prehospital provider deficiencies and concerns which impact the quality of patient care and have not otherwise been resolved through the quality improvement process.
- B. Corrective action will be directed and managed by the Medical Director / Assistant Medical Director. Corrective action is not the responsibility of the QIC. However, it is a necessary component of the QIP. It is outlined here because every prehospital provider is entitled to be informed of the Medical Director / Assistant Medical Director's philosophy, concerns and intentions with regard to deficiencies in prehospital care.

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- C. The goal of every inquiry, investigation or corrective action will be improvement of quality of patient care rendered in and by Agency prehospital providers.
- D. Every inquiry, investigation or corrective action pertaining to a particular prehospital provider will be conducted in a manner designed and intended to respect the individual prehospital provider(s) who may be involved in the review process, the integrity of the QIC, and confidentiality interests of the patient as well as the prehospital provider(s).
- E. To ensure the appropriateness of investigation and follow-up of any quality improvement matter, the Medical Director / Assistant Medical Director will promptly be provided copies of any patient complaint or inquiry regarding patient care.
- F. The Medical Director / Assistant Medical Director or his staff will make recommendations to the QIC the action or follow-up to be engaged in by the QIC, such as focused data collection, modification of existing protocols, or topics of education.
- G. In corrective action matters, the Medical Director / Assistant Medical Director may proceed with any inquiry or liaison function within the purview of his legal and regulatory obligations established by the Rules.
- H. The Medical Director / Assistant Medical Director will supervise and direct any corrective action plan. This will include for example:
  - 1. Request for data collection for identification and isolation of the problem (e.g., a skill or type of patient encounter involving a prehospital provider).
  - 2. Identification of possible contributory causes by processes of the EMS system (e.g., skills deficiency by a paramedic whose initial training was from out of state that was not identified in routine skills evaluations; protocol not clear, or misinterpretation of base station directions).
  - 3. Identification of possible solutions to prevent recurrence of deficiency.

4. Implementation and follow-up of a corrective action plan.
- I. Remediation options may include the following:
1. One-on-one counseling by the Medical Director / Assistant Medical Director or person identified by the Medical Director / Assistant Medical Director.
  2. Letter of education to the individual prehospital provider.
  3. Coursework, review of pertinent literature or supplemental continuing education.

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4. Skills or didactic review and evaluation.
  5. Limitation of scope of practice.
  6. Period of preceptorship or supervised patient care.
  7. Withdrawal of Medical Directorship.
- IX. On-going review of the QIP.
- A. It is recognized that quality improvement and total quality management are concepts new to prehospital emergency medical services. It is also recognized that the Agency has unique EMS operation needs. Therefore, the concepts of quality improvement and total quality management as applied to this prehospital agency presents opportunities for learning and challenges in the quality improvement of the system. As a result, the QIP itself as a concept and as a document, as well as the structure, should be reviewed, subject to inquiry and input, as any other system activity.
  - B. It is recognized that this QIP does not necessarily embody all prehospital quality improvement activities required by the state law or the Agency.
  - C. Nothing contained in this document shall deprive, lessen or expand any lawful duty, responsibility or right of any member of the Agency, the Agency itself, the Medical Director, or Assistant Medical Director.

### **Resources:**

Meisenheimer, CG: Improving Quality: A guide to Effective Programs, Aspen, 1992.

Polsky, S (ed): Continuous Quality Improvement in EMS. ACEP, 1992.



Swor, RA: Quality Management in Prehospital Care. Mosby, 1993.

Brennan, J.A. & Krohmer, J.R. (ed): Principles of EMS Systems ACEP – Jones and Bartlett, 2006.