

WEST MICHIGAN REGIONAL PROTOCOL

QUALITY IMPROVEMENT POLICY

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Purpose **The purpose of this policy is to establish the requirement for a defined Quality Improvement process within the Medical Control Authority (MCA) and with agencies holding medical control privileges. This policy provides a means for evaluation and improvement of protocol and EMS system components and design.**

I. Confidentiality Assurance

Information obtained for the purpose of Quality Review will be used to determine if the current protocols in the MCA are being appropriately followed and to improve the protocols and the EMS system. Data is protected under P.A. 270 of 1967, MCL 331.531 to 331.533.

In specific cases where EMS providers may require corrective actions, the emergency medical services personnel names may be given to the agency to address at the agency level.

II. Professional Standards Review Organization

A. The MCA Professional Standards Review Organization (PSRO) is a review entity that is provided information or data regarding the physical or psychological condition of a person, the necessity, appropriateness, or quality of health care rendered to a person, or the qualifications, competence, or performance of a health care provider. The PSRO is a committee established by the MCA for the purpose of improving the quality of medical care and oversight of appropriate protocol compliance within the EMS system.

B. Agencies shall develop institutional PSROs for the purpose of internal review and improvement. For the purpose of this protocol, PSRO is meant to refer to the MCA PSRO.

C. The Medical Control Authority (MCA) shall determine the membership of the PSRO.

D. All Quality Improvement activities/documents shall be considered activities/documents of the PSRO.

III. Data Collection

A. Run Report Collection

The MCA is authorized to obtain copies of EMS runs originating within their service area; this includes all scene responses, interfacility transfers and critical care transfers. Copies of EMS runs will be provided to the MCA/PSRO on a monthly basis, and are to be received no later than the tenth of the following month. The Medical Control may elect to receive reports on a more frequent schedule.

B. Electronic Data Collection

The MCA is authorized to obtain electronic data and voice recordings from any and all EMS agencies and/or departments, and dispatch agencies with interaction with callers requesting a medical response within the MCA service area. This includes mutual aid responses into the MCA service area. Data will be provided to the MCA/PSRO on a monthly basis and when individual records, recordings and reports are requested. The Medical Control may elect to receive electronic reports on a more frequent schedule.

C. Ownership of Records

Any documents or data relating to requests for service, records of provided services, records of refused services, dispatch reports and incident reports including all aggregated reports for benchmarking and analysis which are submitted to the MCA, or generated by the MCA, are strictly PSRO materials. The MCA holds ownership of only protected Quality Improvement documents. The submitting agency maintains ownership of any and all original records generated by their company and personnel.

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- D. Incident Report Collection
Incident reports and requests for additional information directed to an individual provider or to an EMS agency/department requested by the MCA/PSRO must be submitted to the MCA/PSRO within 96 hours.

IV. Data Review

- A. MCA/PSRO Document Review*
1. All runs involving cardiac arrests will be reviewed.
 2. All runs specifically requested for review by medical control physicians and/or nursing staff will be reviewed.
 3. All runs involving a Multi-Casualty Incident (MCI) will be reviewed.
 4. All documents/data pertaining to complaints will be reviewed.
- B. Agency PSRO Responsibilities
Each agency or department licensed to provide prehospital care within the MCA area must develop and maintain a PSRO subgroup that reviews, either through a peer evaluation group, or individuals tasked with peer review functions, 100% of all priority 1 calls and audits requested by Medical Control.
1. Mandatory Reports/Reviews*: the following instances require that the agency/individual provider notify the MCA/PSRO of each occurrence and provide related documentation.
 - a. Any incident which by act or omission caused harm to a patient including, but not limited to,
 1. Unrecognized esophageal intubation.
 2. Subcutaneous IV's through which medications were administered with signs/symptoms of medication infiltration.
 3. Incorrect administration or dosage of medication.
 4. Dropped patients, or injuries to a patient that were a direct result of lifting or moving the patient.
 5. Forcible restraint of a patient, by medical providers, with resultant injury to the patient.
 6. Equipment failures resulting in compromised patient care.
 - b. Reports of inappropriate contact/conduct involving a provider with a patient or a student rider.
 1. Assault/battery
 2. Harassment
 - c. Any procedure performed that is beyond the scope of practice for the individual's level of function at the time of the procedure.
 - d. Communications failure.
 - e. Utilization of the Medical Direction Override Policy
 - f. Any Level 1 Incident as outlined in the Medical Incident Review and Corrective Action Policy.
 - g. General public complaints of inappropriate care.

*NOTE: "Review" indicates that the form will be inspected for select items or for content in relation to protocol compliance, including the completeness and accuracy of the record.

2. EXCEPTIONS – The following incidents do not need to be reported to the Medical Control/PSRO
 1. Bleeding from nasal ETT unless severe and the patient outcome declined as a result.
 2. Displaced ETT's that were IMMEDIATELY recognized and corrected WHEN THEY OCCUR.
 3. Harassment between coworkers. These are company specific issues and should be brought to the attention of company managers.

- C. Special Studies
All runs that include the use of equipment, skills, techniques or procedures that are currently under special study will be reviewed.
 - D. Unusual Occurrences
Any runs that are unusual and possibly one-time situations that may serve as a learning tool for other services in the future may be reviewed.
 - E. Nomination-Based Review by Hospital Providers
Medical Control physicians may request, at any time, that a specific run be reviewed. Nursing staff in the receiving hospital may also request, through the MCA, that a run be reviewed. EMS agencies may also request that a run be reviewed based on their knowledge of the care provided.
 - F. Multi-Agency/Intercepts/Mutual Aid
Runs that involve more than one agency (i.e., intercepts) will be reviewed following BOTH services runs sheets. Runs by agencies responding out of their normal coverage area will also be reviewed.
 - G. Problem Identification
 1. Potential problems in patient care may be brought to the attention of the PSRO.
 2. Topic quality improvement reviews will be performed with results reported to the Medical Control Authority.
- VI. Quality Review Criteria**
- A. Medical Control Authority Protocols
The current protocols in place will be used to review the runs sheets selected. Any changes in protocols will not be put into the review process until the changes are approved and distributed.
 - B. Documentation
All EMS runs in the MCA area are required to be documented by the emergency care provider. As always, documentation must be thorough and provide a detailed description of all care provided to the patient, as well as documenting communication with dispatch and Medical Control.
 - C. Dispatch Policies
The review of the run reports will also address any dispatch, location, response time, or mutual aid/multi-agency problems.
- VII. Quality Improvement Actions**
- The PSRO or the Medical Director will determine the severity of the incident and develop an action plan to address the matter. The action plan may include:
1. Revision of policies/procedures
 2. Remediation of individuals involved
 3. Education recommendations for the system
 4. Referral to Due Process and Disciplinary Procedures Protocol
 5. Modification of clinical privileges
 6. Continued monitoring

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VIII. Reporting

The MCA/PSRO will compile year end reports that detail the incidents reviewed, protocols modified/revised, and system audit results. Agencies may receive a copy of the system report on request.

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