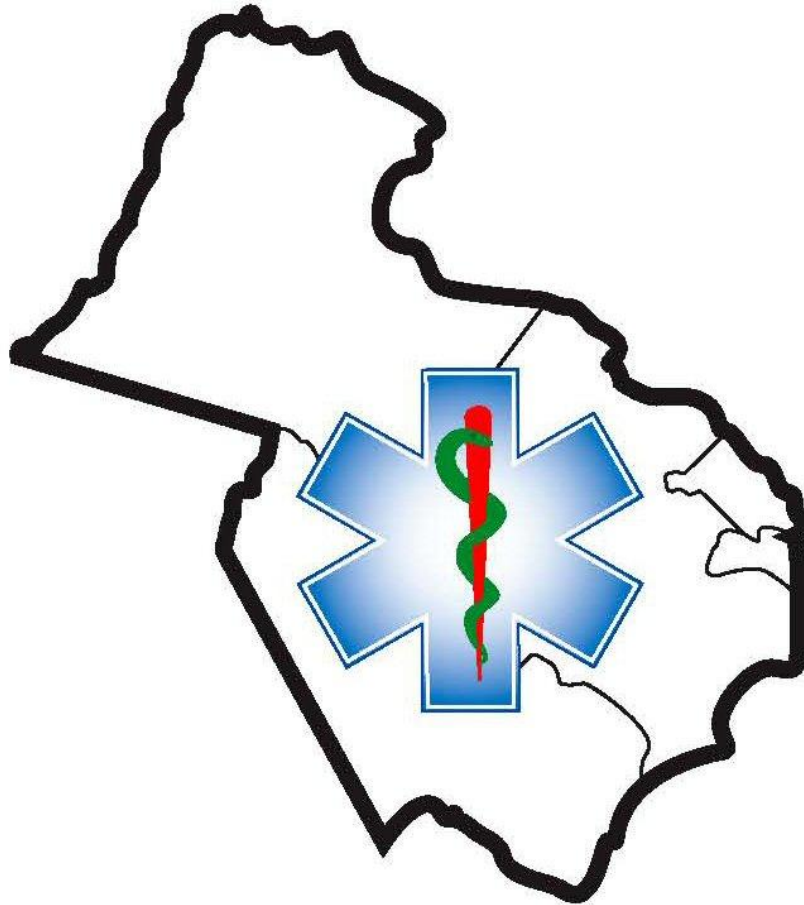


**NORTHERN VIRGINIA REGIONAL
TRAUMA AND EMS
PERFORMANCE IMPROVEMENT
PROGRAM**



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TABLE OF CONTENTS

Purpose	1
Objectives	1
Methodology	1
PCR Reviews	1
Multi-jurisdictional Reviews	1
Action Taken	2
Regulation & Compliance Issues	2
Committee Membership	2
Rules of the Committee.....	2
Schedule and Topics	3
References	3
QI Referral Form.....	5
QI Agency Template	6
Attachment A – PCR Checklist.....	12
Attachment B – PCR Review Form	13

NORTHERN VIRGINIA REGIONAL TRAUMA AND EMS PERFORMANCE IMPROVEMENT PROGRAM

PURPOSE

The Northern Virginia Regional Trauma and EMS Performance Improvement Committee shall be responsible for assuring and improving the quality of pre-hospital patient care within the Northern Virginia region.

OBJECTIVES

1. Have a region-wide performance improvement process and encourage data submission by EMS agencies within the Northern Virginia region.
2. Collect patient care statistics to evaluate our systems effectiveness and identify any system needs.
3. Provide constructive comments on performance improvement and educational feedback on projects to EMS stakeholders within the Northern Virginia region.
4. Meet on a quarterly basis using the following modalities:
 - a. Monitoring/assessing adherence to patient care protocols
 - b. Monitoring/assessing EMS system issues
 - c. Identifying educational needs of EMS providers,
 - d. Identifying methods of resolving issues (patient care and EMS system related)
 - e. Reporting how identified performance issues will be resolved or improved.

METHODOLOGY

Any provider, agency, or hospital may enter patient concerns into the performance improvement process by filling out the Northern Virginia Regional Trauma & EMS Systems Referral Form and sending it to either a Regional Performance Improvement Committee member or the Northern Virginia EMS Council. The appropriate committee shall determine if the issue is an individual jurisdictional concern or a regional concern. If the patient concern is an individual jurisdictional concern, the report shall be returned to the appropriate EMS operations personnel from that jurisdiction. If the issue is a regional concern, the appropriate committee may chose to review it.

PCR Reviews

Patient Care Reports (PCR) should be evaluated and entered into a central database by the local EMS agency's quality management program. Each agency may provide these results to the appropriate PI committee for regional EMS system analysis and medical incident reviews.

Multi-Jurisdictional Reviews

The agencies and/or facilities involved in the multi-jurisdictional review will be notified and a copy of the form will be forwarded to the appropriate agency/facility's

representative within 72 hours of receipt in the Council's offices. It shall be the responsibility of the appropriate agency/facility to notify the involved personnel of the initiation of the review process.

The review process may include:

- a. A review of pertinent medical records including the PCR, 911 communication recorded tapes and/or patient outcome data.
- b. A formal interview with involved personnel.

The PI Committee shall provide the results of the review and recommendations and/or constructive feedback to resolve the patient care issue.

- Recommendation may include changes to policy or protocols.
- Recommendations may include operational changes or equipment changes.
- Recommendations may include system retraining, counseling, knowledge and skills evaluation/refreshers, and/or clinical monitoring.
- Recommendations may include accommodations for individuals involved.
- All recommendations will be forwarded to the appropriate agency's representative and OMD.

ACTION TAKEN

Will be dependent upon reviews. It may include education and remediation; continued monitoring and looking for trends; feedback to agencies and hospitals; and/or system modification.

REGULATION OR COMPLIANCE ISSUES

Should be reviewed by the appropriate Regional Performance Improvement Committee and referred to the State Office of EMS Regulation Compliance Manager as a last resort.

COMMITTEE MEMBERSHIP

Membership shall include a representative from each city and county in the region and consist of the following:

- OMD
- Hospital
- Air Medical Agency
- Fire Based Service
- Career EMS Agency
- Volunteer EMS Agency
- Other EMS Stakeholders

Active membership is defined as 75% attendance by each committee member and/or their appropriate replacement at all quarterly meetings.

COMMITTEE MEETINGS

Meetings shall be held, at a minimum, quarterly. There will be a review of the scheduled topic and any significant events reported. The Committee shall identify system needs and plan a course of action to improve identified needs and/or issues.

RULES FOR THE COMMITTEE

Committee members shall follow Robert's Rules of Order.

Confidentiality - In order to maintain the integrity of the PI Committees and protect patient and provider privacy, each member at all times will maintain strict confidentiality. However, communication with other entities of the system is essential. All reasonable efforts will be taken to sanitize records and maintain patient anonymity.

SCHEDULE AND TOPICS

The schedule and topics shall be determined by the committees. The EMS topics shall be determined once the committee begins meeting and will include EMS system issues and patient care issues. The trauma topics shall include the review of possible inappropriate triage, use of helicopters, inter-facility transfers, and trauma deaths. The schedules shall be determined by the appropriate committee at the beginning of the fiscal year.

REFERENCES

Virginia EMS Regulations

12 VAC 5-31-600: *“An EMS agency shall have an ongoing Quality Management (QM) Program designed to objectively, systematically and continuously monitor, assess and improve the quality and appropriateness of patient care provided by the agency. The QM Program shall be integrated and include activities related to patient care, communications, and all aspects of transport operations and equipment maintenance pertinent to the agency's mission. The agency shall maintain a QM report that documents quarterly PPCR reviews, supervised by the operational medical director.”*

Virginia State Laws

45 CFR 164.501 and 45 CFR 164.506: provides EMS personnel with the authority to receive protected health information for purposes of transport and subsequently permits EMS personnel to disclose protected health information to another health care provider such as a hospital for continued patient treatment.

45 CFR 164.501 of the Privacy Rule defines treatment as the provision, coordination or management of health care and related services by one or more health care providers, including the coordination or management of health care by a health care

provider with a third party: consultation between health care providers relating to a patient or the referral of a patient for health care from one health care provider to another. 45 CFR 164.506 specifically states that a covered entity may disclose protected health information for treatment activities of a health care provider.

45 CFR 164.520: would not require EMS personnel to administer the Notice of Privacy Practices to a patient in transport. That can be done by the treating facility when it is practical to do so.

The HIPAA Privacy Rule also requires that covered entities must provide patients with a Notice of Privacy Practices. However, 45 CFR 164.520 provides specific direction related to the administration of notice. 45 CFR 164.520(i)(B) states that a covered health care provider that has a direct treatment relationship with an individual must provide the notice in an emergency treatment situation, as soon as reasonably practicable after the emergency treatment situation.

Virginia Codes

§8.01-581.16, 8.01-581.17, 32.1-116.2: data or information in the possession of or transmitted to the Commissioner, the Advisory Board, or any committee acting on behalf of the Advisory Board, any hospital or prehospital care provider, or any other person shall be privileged and shall not be disclosed or obtained by legal discovery proceedings, unless a circuit court, after a hearing and for good cause shown arising from extraordinary circumstances, orders disclosure of such data.

**NORTHERN VIRGINIA REGIONAL TRAUMA & EMS SYSTEMS
QI REFERRAL FORM**

Purpose: The purpose of this referral is to improve the quality and efficiency of patient care in the Northern Virginia region. Submission of this document initiates further review of the specific incident. All information obtained through this process will remain confidential. This information will be used by the EMS Agency and Operational Medical Director (OMD) for the purposes of Quality Improvement (QI) with the ultimate goal being improved patient care. Multi-jurisdictional reviews may be conducted by the Regional Performance Improvement Committee.

Your Name: _____ Your Agency/Facility: _____

Agency/Facility Targeted for QI: _____

EMS Incident #: _____ Patient Record # _____

Receiving Hospital/s: _____ Attending Physician: _____

Injury/Diagnosis: _____ Date of Events: _____

Patient Name: _____ Age: _____

Purpose of the referral:

- | | |
|---|-----------------------------------|
| <input type="checkbox"/> Patient Care | <input type="checkbox"/> Protocol |
| <input type="checkbox"/> Disposition/Destination/Referral | <input type="checkbox"/> Other |

Description of Events:

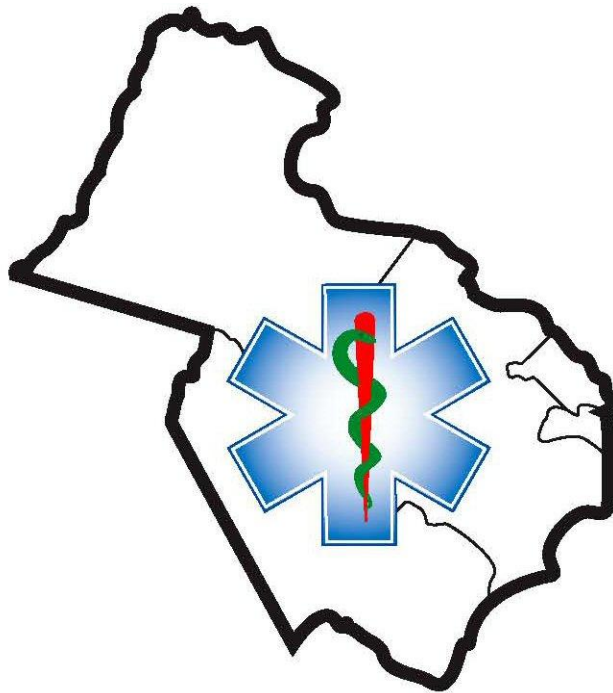
Pursuant to sections § 8.01-581.16, 8.01-581.17, 32.1-116.2, of the Virginia Codes, data or information in the possession of or transmitted to the Commissioner, the Advisory Board, or any committee acting on behalf of the Advisory Board, any hospital or prehospital care provider, or any other person shall be privileged and shall not be disclosed or obtained by legal discovery proceedings, unless a circuit court, after a hearing and for good cause shown arising from extraordinary circumstances, orders disclosure of such data.

Fax this form to (571)261-5244. The original may be sent via U. S. Mail to: No. VA EMS Council, 7250 Heritage Village Plaza, Suite 102, Gainesville, VA 20155.

For No. VA EMS Council Use	Date received: _____
Disposition:	
<input type="checkbox"/> Feedback to agency/facility	
<input type="checkbox"/> Committee Review	
<input type="checkbox"/> Trend/Monitor	
<input type="checkbox"/> System Training	
<input type="checkbox"/> System Change	

NORTHERN VIRGINIA
EMS COUNCIL

Quality Assurance/Quality Improvement
Template



For Additional Information Contact:

Northern Virginia EMS Council
7250 Heritage Village Plaza, Suite 102
Gainesville, VA 20155
571-261-3550
northern@vaems.org

(Agency Name)
QUALITY MANAGEMENT/CONTINUOUS QUALITY IMPROVEMENT PROGRAM
(EMS and Trauma Response)

I. Purpose

The primary purpose of this program is to establish a system that objectively, systematically and continuously monitors the quality of care provided by (Agency Name). It also provides for assessment, feedback and improvement of quality and appropriateness of patient care provided by its EMS providers. It is the aim of this program to guarantee the highest standard of care in the pre-hospital setting and to identify problems and aid in their correction. The focus of this program is on improving overall patient care without being critical or punitive to providers as the result of individual performances. When a problem is discovered, the goal will be to prevent reoccurrence through the process of feedback and education.

This program is required to comply with the Virginia Department of Health, Office of EMS Rules and Regulations 12-VAC §5-31-600, to provide for quality management at the agency level. This plan is required to be approved by the agency OMD, and (other local entity). Dated approval signatures will be located on the last page of this document. Specific data is required to be submitted to () quarterly and will be tabulated by the agency QI Committee. The data may also be shared with the local Medical Direction Committee. While the data is shared, all personal information will remain confidential.

The Regional EMS Council's Trauma Committee monitors quality improvement issues in the region to include run data, personnel or agency problems as brought to their attention through the OMD Committee, area hospitals, and each agency's Quality Management Committee. The (Agency Name) is encouraged to submit unusual or troublesome reports that have been addressed to the Regional Trauma Committee for review. The Regional Trauma Committee may be asked to report or make recommendations to the Regional OMD Committee. The ultimate goal of the Committee is education of the provider and improvement of patient care in the Northern Virginia EMS Council region.

II. Procedure

A peer review committee will be established at the (Agency Name). This committee should consist of a chairperson, and at least two additional providers, one ALS and one BLS. The committee members shall not necessarily be operational officers of the station. This committee will be responsible for design, implementation and ongoing operation of the program, as well as suggestions and modifications to the program.

The Patient Care Reports (PCR) will be utilized to gather statistical data regarding the delivery of specific patient care. The published result of the reviews will be compiled in a statistical format and will contain no unit or provider identifiable information. PCR reviews of certain incident types will be conducted on a rotating basis to measure the efforts of the system to improve quality. Incident types selected for review will be dictated by the needs of the EMS system and will be selected by the QM Committee.

PCR reviews will be conducted on a quarterly basis, at a minimum.

All “major” run reports will be reviewed by the committee. These shall include:

- * All Intubations
- * All IO’s
- * All CPR’s
- * Patients With Critical Multiple Trauma
- * Patients Who Died of Cardiac Arrest in Transport
- * Helicopter Activation
- * Fatalities
- * Serious Equipment Failures
- * Needlesticks
- * Extended Extractions
- * All Calls for Which a Complaint is Received (internally or from the hospital)

The reports that have been selected for review will have a Pre-hospital Quality Assurance Program Review Form (See Attachment B) attached to the report. This form signifies that this report has been reviewed by the committee and is also a means for follow-up at the regional/OMD level, if necessary.

All deviations from accepted patient care standards and/or documentation that should be noted during the PCR review process. Deviations from the standard of care will be categorized as follows:

Class I: Deviations from the standard of care and/or regional policy that have been identified as patient care trends that detract from the effectiveness of the EMS system.

Examples may include, but not limited to:

- a. Failure to immobilize the head and neck following intubation
- b. Failure to utilize pulse oximetry where appropriate
- c. Common patient care documentation failures (reassessment, lung sounds, justification for deviation, etc.)

Class II: Deviations from the standard of care that possibly could affect patient outcomes negatively. Examples may include, but are not limited to;

- a. Improper documentation of interventions
- b. Failure to confirm tube placement with secondary device
- c. Untimely treatment
- d. Incomplete treatment (ceased or withheld treatment inappropriately)
- e. Failure to contact medical control when required as indicated by regional protocols
- f. Failure to appropriately document controlled substances wasted

Class III: Deviations from the standard of care that have a high possibility/probability of negatively effecting patient outcomes. Examples may include, but not limited to:

- a. Improper medication administration (wrong med., wrong dose, wrong patient, wrong route)

- b. Inappropriate medical procedures
- c. Failure to provide required/indicated interventions
- d. Interventions performed beyond provider's scope of practice
- e. Failure to pace or defibrillate when appropriate
- f. Inappropriate transport decisions

III. Committee Actions

Upon review of the above criteria, the Committee, **OMD** or (_____) may recommend specific actions. These actions may include, but may not be limited to, a suggested modification to protocols or special training sessions.

In all instances, the (Agency Name) Chief Officer shall be made aware of any problems involving an individual and/or the System. Any recommendations for disciplinary action shall be presented through the (Agency Name) Chief Officer and will be handled in accordance with (Agency Name) Rules of Conduct. Meetings between the agency's Committee Chair, the (Agency's Ranking Officer) and Medical Director(s) shall be scheduled as necessary. Action taken by this group will be presented confidentially by the (Agency's Ranking Officer) to the individual in the presence of the Committee Chair.

The agency OMD must participate in any disciplinary actions or decisions as it relates to patient care, as outlined by the Code of Virginia. An OMD may suspend a provider from practicing their skills in this agency, and this must be reported to the Virginia Office of EMS.

IV. Summary

This quality management process is prospective, concurrent and retrospective. In being prospective, information will be looked at so that improvements can be made to prevent future problems. The concurrent process evaluates how things are done now, and suggestions may be made on issues such as new provider training, preceptor programs, and peer reviews. The retrospective process looks at how things were done recently, such as run reviews, QI issues, etc. This process is an avenue for evaluating and improving overall agency performance.

This policy requires the following QI indicators (criteria) to be reported on a quarterly basis:

1. Number of patient care report forms reviewed for each quarter.
2. Any commendations made to agency members
3. Any disciplinary actions based on patient care

These statistics will be reported to (Agency Chief Officer or OMD) on a PCR Checklist. (See Attachment A) (Agency Chief or OMD) reserves the right to expand or revise these criteria at their discretion.

(Agency Name) is required by the Virginia Office of EMS to maintain a quality management report that documents quarterly PCR reviews. The completed PCR Checklist(s) will serve as a written legal record and shall be made available to an Office of EMS representative if requested during an agency inspection, along with this plan.

(Agency Name)
QUALITY MANAGEMENT/CONTINUOUS QUALITY IMPROVEMENT PROGRAM
APPROVALS
(Date)

Operational Medical Director date
(Agency Name)

Chief Officer date
(Agency Name)

(County or other entity representative) date

References

Virginia Emergency Medical Services Regulations

12 VAC 5-31-600: *“An EMS agency shall have an ongoing Quality Management (QM) Program designed to objectively, systematically and continuously monitor, assess and improve the quality and appropriateness of patient care provided by the agency. The QM Program shall be integrated and include activities related to patient care, communications, and all aspects of transport operations and equipment maintenance pertinent to the agency’s mission. The agency shall maintain a QM report that documents quarterly PPCR reviews, supervised by the operational medical director.”*

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Attachment A

(Agency Name)

PCR CHECKLIST

This Checklist must be completed after each quarterly Quality Management Committee review and must be made available to the OEMS representative upon request and at agency inspections.

It must also be sent to the (OMD or Other) upon completion each quarter.

Date of Review _____

Number of Reports Reviewed _____

Number of ALS Patients _____

Number of Cardiac Arrests (total) _____

with pulse upon arrival at hospital _____

Number of Patient Refusals _____

Number of Agency EMS Transports _____

Number of Patients Intubated _____

Number of Patients Transported to Trauma Centers _____

Number of Response Delays _____

Attachment B

(Agency Name)

**Pre-Hospital Quality Improvement/Quality Management Program
PCR REVIEW FORM**

This form will be used to document every PPCR review that is made by the agency Quality Management Committee and shall be attached to the agency copy of that report.

Incident Number _____ Unit OIC _____ Date of Call _____ Date of Review _____

1. Is the written report legible? yes no

2. Is there a question of procedural competence? yes no

Explain _____

3. Was patient care appropriate? (consider protocol adherence and/or deviation from standard practice) yes no

Explain _____

4. Is there a question regarding response or on-scene time? yes no

Explain _____

5. Was medical control contacted? yes no

For patient report only? yes no

For on-line orders outside of standing orders? yes no

Explain _____

6. Other Comments

CORRECTIVE ACTIONS

Individual training – Date completed _____ Trainer _____

Protocol Review - Date Completed _____ Trainer _____

REVIEWED BY:

Quality Management Committee (Names: _____, _____, _____)

OMD (Name: _____) Date Reviewed _____

(County or other entity representative) QI Committee Date Reviewed _____

Additional Comments should be documented on the reverse of this page.