



Scarborough Fire Department

Scarborough, Maine



Standard Operating Guidelines

Book:	Organization
Chapter:	Personnel, Policies & Procedures
Subject:	1355 – Quality Assurance and Improvement Plan
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PURPOSE

It is vital that an EMS agency has a means of evaluating the performance of patient care from a system and an individual provider stand point. When strengths are found in the performance of patient care it should be rewarded by public recognition, education and by any reasonable means available. When weaknesses are found in the performance of patient care, it needs to be addressed at the individual and/or system level as appropriate.

The intent of any Quality Assurance and Improvement Plan is to assure that quality pre-hospital patient care is delivered to the customer, and to find ways to continually improve patient care through a review linked to an educational process.

Finally, in order for the Department to remain an active Maine EMS licensed service, it must be compliant with current Maine EMS and Region 1 Quality Assurance and Improvement guidelines.

POLICY

Scarborough Fire Department will comply with all State and Regional Quality Assurance policies. Additionally the department will maintain a local Quality Assurance and Improvement Program. Q/I committee members must recognize the importance of confidentiality as this process is one of the few which allows disclosures of protected health information (PHI) under the HIPAA regulations, and as such, each QI committee member will be required to sign a confidentiality statement. The department's QI program may take various forms and be modified as needs dictate since the science of emergency medicine is constantly evolving. The most current Maine EMS protocols and pre-hospital standards of care will be used as the primary quality indicators during the review process.

SCOPE

This policy is applicable to all providers of EMS for the department, regardless of station or apparatus assignment.

DEFINITIONS

- A. QA = Quality Assurance
- B. QI = Quality Improvement
- C. EMS = Emergency Medical Service(s)
- D. The Regional (Region 1) EMS office
- E. Maine EMS is the State EMS office which is a division of the Department of Public Safety
- F. MEMSRR = Maine EMS Run Reporting System
- G. D/C of EMS is the Deputy Chief of EMS.
- H. Discovery is the legal right to access public documents including patient records.

PROCEDURE

- A. Committee Design
 - a. A Department level QA/QI Committee will consist of staff members appointed by the D/C of EMS. Selection will be based on the experience level of the provider as well as their level of interest in sitting on this committee.
 - b. A subcommittee called the QI Review Committee will be established by the D/C of EMS to act as a secondary step in the QI review process as outlined in section D., b., ii.
 - c. The Department's Medical Director will provide periodic case reviews based on requests from providers, his/her own knowledge of cases as well as when requested by EMS providers.
 - d. The Region's Quality Assurance and Improvement Coordinator and/or the State's EMS Committee will review calls based on their own requirements.
- B. Process
 - a. EMS call review will be conducted by reviewing the ePCR documentation, actual accounts by those on the scene, as well as accounts from other healthcare professionals involved in the care of the patient.
 - b. The types of calls being reviewed will be established by:
 - i. Call type set by EMS Region 1 and or Maine EMS QI requirements.
 - ii. Calls types identified by the department QI committee based on trends, areas of study, recommendation by a shift supervisor, D/C of EMS, or service level medical director.
- C. Communications
 - a. QI committee members will routinely provide both positive and remedial feedback to staff via the MEFIR's internal QI email system ONLY.
 - b. The QI committee member is responsible for selecting the follow up flag and the send an email in addition to the inbox if available option in the MEFIR's QI email system.
 - c. Each provider must check their MEFIR's inbox once each shift.
 - d. If the provider does not respond to the QI member's original inbox message requesting follow up, a second notice will be sent including their shift Capt. or Lt. in the inbox notification.

- e. Any follow up questions asked by a QI committee member must receive a reply from the provider within 14 days of notification unless otherwise excused.
- f. Formal QI process communications are limited to using only the MEFIR's internal QI email system. Standard emails or other forms of communication or documentation used outside of the MEFIR's internal QI email system may not be protected from discovery and thus subject to requests by others not involved with the case.

D. Feedback

Providing feedback on EMS cases in one of the most basic forms of QA & QI

- a. Review of EMS cases will be conducted by shift lieutenants using: ePCRs, observation, and other sources. Feedback will be provided as follows:
 - i. Appropriate care provided and no concerns found, feedback given to provider(s) only; no provider follow up required.
 - ii. Concern with documentation and or care requiring clarification; feedback given to provider(s) only: provider response to QI member required.
 - iii. Concern with documentation, care, protocol variation, complaint by other provider or hospital staff, public complaint; feedback given to provider(s), D/C of EMS notified; provider response to QI member required.
- b. Action Plan:
 - i. Provider acknowledges comment by opening note.
 - ii. QI member has the option to follow up with the provider directly or QI member may elect further action including evaluation by the QI Review Committee.
 - iii. Provider differs with the committee's comments; the provider's direct supervisor will be advised through the MEMSRR QI Notes system for further review. The Service Level Medical Director may be asked to get involved at this step as well.
 - iv. If in the event that all the above educational steps have failed and the provider continues to provide inappropriate care, contact the Deputy Chief of EMS.

E. Education

- a. Through the above process, a need for additional education may be identified at the individual or system level (i.e.: dispatch, unit response, equipment failures, etc.)

F. Confidentiality

- a. Confidentiality is essential to fostering an atmosphere conducive to frank and open discussion and to ensure that information necessary for a thorough quality assurance process will be made available to the QA/QI Committee (the Committee). All committee discussions, deliberations, records, minutes, and other information gathered during its activities and the activities of its subcommittees are confidential.
- b. Furthermore, the committee and its subcommittees are established as medical review committees within the Scarborough Fire Department. The functions of the committee and its subcommittees include the evaluation and improvement of the quality of health care provided in the department's emergency medical service. Accordingly, the proceedings, records, QI notes (including within the MEMSRR

system) and files of the committee and its subcommittees are confidential by law and further are neither discoverable nor admissible in any civil proceeding arising from the matters that are being reviewed and evaluated. Additionally, much of the information gathered by the committee will be deemed confidential by law because it contains medical or psychological information about patients and thus constitutes a protected medical record.

- c. It is expected that the confidentiality of all the committee information will be maintained by all members of the committee, members of its subcommittees and any invitees. The Scarborough Fire Department will take such action as necessary to ensure that confidentiality is maintained, including disciplinary action in the case of Scarborough Fire Department employees. Willful and knowing release of information deemed confidential by law could result in criminal penalties. Additionally, willful and knowing disclosure of a confidential record which identifies any patient(s) could result in liability to the individual committee member(s) for actual and punitive damages.

RESPONSIBILITIES

- A. All providers involved in the care of a patient will share a level of responsibility for providing high quality service.
- B. The primary provider taking the lead in providing patient care will be responsible for the overall care of that patient as well as the accompanying documentation. (ePCR, medication/treatment documentation, etc.)
- C. QI members are responsible for reviewing patient care by use of ePCRs, visual reporting as well as any other means legally available.
- D. Each provider will have a department level officer who is responsible for the provider's job related performance including the quality of care they deliver to patients, and as such, may be involved in the QA/QI process to some degree.
- E. The D/C of EMS is responsible to the chief of the department, the department's EMS providers and customers of the department's EMS Division to assure this quality assurance and improvement program is meeting its intended objectives.
- F. The Region 1 EMS Office is the organization contracted with Maine EMS to provide education and quality assurance/improvement for the services in their area.
- G. Maine State EMS is the state licensing agency for all Maine licensed EMS providers and has a QA/QI Committee designed to assure all licensed providers deliver the highest level of care possible.

REFERENCES

- A. Maine EMS Rules
- B. Region 1 EMS policies