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Membership:

The PI Committees shall be comprised of a representative/or their designee from:

- Each jurisdiction (5):
    - Accredited education program: Jason Ferguson/Lisa Aiken
    - Air Medical: June Leffke/Chris Parker
    - Amherst County: Sam Bryant
    - Appomattox County: Susan Walton
    - Bedford County/Bedford City: Janet Blankenship
    - Campbell County: Michelle Turner/Frank Smith
    - Commercial Transport Agency: Jeff Tanner & Tom Walton
    - Hospital Representative: Kelly Brown, Centra R.N., Centra Trauma Services; Julie Martin, ED Representative
    - Lynchburg City: Heather Childress
    - Regional Operational Medical Direction Committee: Dr. Marilyn McLeod
    - *Every EMS provider in the BREMS region is invited to attend and encouraged to speak and ask questions.

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~Committee Agenda and Minutes~

JULY 2017:

BREMS CQI Committee Agenda

Friday, June 23rd, 2017
9:00 AM
CVCC EMS Programs Room 2505

1. Call to Order
2. CQI Quarterly Topics
    - Review of cardiac cases that were not relative to STEMI or cardiac arrests; medications received, impressions, etc.
    - Review of fluid administration for trauma & burn patients.
    - Revisit the review of pediatric intubations.
3. Review from Kelly Brown, Trauma Services
4. Determine CQI topics for the next quarter.
5. Committee Discussion
    - Open

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BREMS CQI Committee Meeting Minutes
Friday, June 24^{3rd}, 2017 – 9AM
CVCC EMS Room 2505

Members Present:

MK Allen	BREMS
Jenn Kersey	BREMS
Sean Regan	BREMS
Scott Kelley	LFD
Chris Parker	Centra One/CVCC
Kelly Brown	Centra Trauma Services
Tom Walton	DRT/Appomattox County
Susan Walton	DRT/Appomattox County
Michelle Turner	Campbell County
Sam Bryant	Amherst County

The meeting began at 9:00 am in CVCC EMS Room 2505.

CQI Quarterly Topics

Current Review -

- Jenn presented data on cardiac medications not relative to STEMI & cardiac arrests.
- Atropine was discussed. Dr. McLeod asked to relay to all providers that they should follow BREMS protocol with symptomatic bradycardia by administering **1 mg, not 0.5mg**. Jenn stated that the confusion come from providers taking ACLS where 0.5mg is recommended. It was also recommended for providers to utilize fluid boluses in these cases as well. These were not being preformed.
- Adenosine was discussed. There were 2-3 cases where it was given in wide atrial dysrhythmias. This is not clear in the medical – tachycardia protocol so we will revisit this with the PRC and the OMD Committees.

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  - Amiodarone was mentioned for this as well?
- The new ultrasound protocol was discussed. This will be released soon.
- Review of fluid administration in burns and trauma was discussed. Cases were presented. Dr. McLeod is following up on cases presented with specific agencies. One member present stated that they were on a particular call that was reviewed. They stated that the call was not near as critical as the case may appear, and they will review with the provider on accurate documentation.
- Sean mentioned the new burn formula that is being pushed by Advanced Burn Life Support; more to come from research from that.
- Jenn relayed Dr. McLeod's request to be more aggressive with critical burns in regards to airway management.
- Helicopter utilization was discussed; Sam stated that he feels that air medical isn't being utilized enough or appropriately.
  - Susan mentioned that she does training with air medical with all of her new members and EMT classes. BREMS asked to coordinate with her on her next event.
- Review of pediatric airway was discussed. All cases available were reviewed and all airway measures were successful and appropriate.

Trauma Review

- Kelly presented a PowerPoint on spinal immobilization, trauma level criteria changes, and EMS scene times for trauma
- A Trauma Team Conference schedule was given for the rest of the year.
- Jenn asked that all referrals from either Trauma Services or ED Charge RN be sent back in a reasonable time frame. 72 hour preferred but at max, one week (unless extenuating circumstances).
- Jenn thanked Kelly for involving providers on case review for the Trauma Conferences.

With there being no further business, the meeting was adjourned at 10:40 AM.

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September 2016:

BREMS CQI Committee Agenda

Wednesday, September 27th, 2017
9:00 AM
Centra Health Simulation Center

1. Call to Order
2. Review of PI Plan
    - Committee to vote on merged plan approval
3. Trauma Services
    - Kelly Brown to present
4. CQI Quarterly Information
    - Review of cardiac cases/tachycardia & atrial arrhythmias has led to the discussion of metoprolol for rate control. Thoughts?
5. CQI Quarterly Topics
    - Pain Management discussion
6. Committee Discussion
    - Open forum; Discussion on next Q review
        i. iGel Airway -http://www.intersurgical.com/info/igel-emergency-medicine
        ii. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2900034/

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BREMS CQI Committee Meeting Minutes
Wednesday, September 27th, 2017 – 9AM
Centra Simulation Lab, Classroom 202

Members Present:

MK Allen	BREMS
Jenn Kersey	BREMS
Dr. Marilyn McLeod	BREMS Regional OMD
Dr. Virginia Harvey	Centra Health Trauma Director
Kelly Brown	Centra Trauma Services
Lisa Aiken	CVCC
Sam Bryant	Amherst County
Joey Greer	Amherst County
Jarred Scott	Amherst County
Michelle Turner	Campbell County
Susan Walton	DRT/Appomattox County

The meeting began at 9:00 am at the Centra Simulation Center, Classroom 202.

Old Business -

- Jenn had emailed the group the proposed merged PI Plan for review prior to the meeting. Kelly noted some grammatical changes that she would send via email. With there being no other concerns or corrections, Lisa Aiken made motion to accept the PI Plan. Seconded by Kelly Brown. All members present in favor; none opposed.

Trauma Review

- Kelly presented on the LGH ED Trauma Site Survey Results. She relayed the great working relationship between Centra and BREMS. Level I trauma alerts were discussed. Data was presented on scene times vs alert times vs arrival to ED times. Kelly relayed that she would work with med comm on accepting a short

description from EMS to get in an early notification. Jenn also emphasized the importance of calling as soon as possible to alert the ED.

- Kelly presented the revised Trauma Level Guidelines and brought orange laminated cards to the meeting to hand out to the localities.

CQI Quarterly Topics

Current Review – Pain Management

- Jenn covered data on pain management, which will be available via the BREMS website. Jenn gave a brief description of the BREMS region and the AP program. There was much discussion on the need for another alternative to morphine for our patients experiencing pain, outside of the AP program, and placing ketamine in the drug box as an adjunct. There was much discussion on ketamine. Both Dr. McLeod and Dr. Harvey are supportive of small dosages for an adjunct analgesic. Protocol development will begin, pending approval from the OMD Board & Pharmacy group.
- There was discussion on education and preceptorships from Lisa Aiken, Clinical Coordinator for the CVCC Paramedic Program. She stated that she feels training is key, and teaching the new providers how and when to administer pain management is important. There was discussion on the opioid crisis and what has contributed to providers not being as apt to give appropriate pain management in the field.
- Dr. McLeod discussed ketorolac, and asked that the dosage be reduced to 15mg. She encouraged leaders to push their providers to utilize it more often.
- Julie Martin discussed wastage procedures in the ED. It was agreed upon by the group that we should come up with a different method in which EMS Providers waste medications. When asked, Julie stated that there have not been other issues that she or her staff has observed.
- Kelly presented on ketamine from her registry database. She produced data that showed pre-hospital use of ketamine for 2017 thus far has been appropriate and no inappropriate administration of ketamine was noted.

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- Jenn asked that the group remind their providers not to use slang terminology in their run reports. It sounds unprofessional. That providers should be using correct medical terminology.

Previous Quarterly Review –

- Jenn relayed to the group that she has spoken with Dr. Sackett in regards to utilizing metoprolol in the future for rate control in tachycardia and atrial arrhythmias. She will present to the OMD committee for approval and move forward with protocol development.

Committee Discussion -

- Jenn presented the iGel Airway. There was a video shown demonstrating it's use and effectiveness. This was well received by the group and Dr. McLeod is in approval to move forward.
  - Jarred Scott & Joey Greer from Amherst County spoke about these and they ordered one to train with on a manakin. Jenn, Jarred, Joey and Dr. McLeod will work on an SOG for a trial with these in Amherst.
  - Sean has also spoken with the rep and is arranging a demo.

With there being no further business, the meeting was adjourned at 10:50 AM.

Submitted by,

Jenn Kersey
BREMS EMS Field Coordinator

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New BREMS Regional PI Plan:

BREMS Regional Performance Improvement Plan

Origination Date: 08/20/2007
Revised Dates: 09/2015; 9/2016; 9/2017
PI Committee Approval: 09/2015; 9/2016; 9/2017

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Purpose

The Performance Improvement Committee *(PI),* under direction of the Regional Operational Medical Director is responsible for assuring and improving the quality of pre-hospital care within EMS systems that are served by the Blue Ridge Emergency Medical Services Council *(BREMS).* These committees will work under the provisions of this Performance Improvement Plan *(PIP)*.

Definitions

1. ***Quality Assurance*** is the retrospective review or inspection of services or processes that is intended to identify opportunities for improvement.
2. ***Quality Improvement*** is the continuous study and improvement of a process, system or organization
3. ***Performance Improvement (PI)*** -- A systematic process of discovering and analyzing human performance improvement gaps, planning for future improvements in human performance, designing and developing cost-effective and ethically-justifiable interventions to close performance gaps, implementing the interventions, and evaluating the financial and non-financial results.
4. ***Medical Incident Review (MIR) –*** A process by which an EMS provider, EMS agency, Operational Medical Director and any hospital personnel can review a questionable incident and report that incident to BREMS. The incident will be reviewed by the Regional Operational Medical Director (OMD), and help close the loop hole between the agency, the agency's OMD and the hospital.
5. ***Trauma Quality Review (TQIR) –*** A process by which an EMS provider, EMS agency, Operational Medical Director and any hospital personnel can review a questionable incident and report that incident to BREMS. The incident will be reviewed by the Regional Operational Medical Director (OMD), and help close the loop hole between the agency, the agency's OMD and the hospital.

Primary Objectives

1. Collect patient care statistics to evaluate system effectiveness and identify trends *(PI).*
2. Conduct Trauma Reviews *(QA)* with the help of core measures in the pre-hospital and hospital environment.
3. Provide constructive feed back on performance improvement efforts to all EMS professionals and EMS agencies within the BREMS Region.
4. Make recommendations to the BREMS Training Coordinator & OMD Committee based on the evidence found during the year for future Regional Skills Review.
5. This committee shall meet at least quarterly.

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Membership

The PI Committees shall be comprised of a representative/or their designee from:

- Each jurisdiction (5): Amherst Co: Sam Bryant , Appomattox Co.: Susan Walton , Bedford Co./Bedford City: Janet Blankenship, Campbell Co.: Michelle Turner, Lynchburg City: Heather Childress
- Regional Operational Medical Direction Committee (1): Dr. Marilyn McLeod
- Air Medical (1): June Leffke/Chris Parker
- Accredited education program (1): Jason Ferguson/Lisa Aiken
- Commercial Transport Agency (1): Jeff Tanner/Jimmy Mitchell – Centra Transport, Tom Walton – Delta Response Team
- Hospital Representative (2): Kelly Brown – Trauma Services, Julie Martin – ED Manager
- All members are entitled to assign their own designee in the event they are unable to attend.
- Any EMS provider in the BREMS region is invited to attend and encouraged to speak and ask questions.

Member Responsibilities

1. Members of the PI Committee are charged with the responsibility of assuring that reasonable standards of care and professionalism are met within their respective EMS system. Members are given the following responsibilities:
    a. Should participate in an ongoing Performance Improvement (PI) Program which should include PCR review audits and data collection within their respective EMS agency.
    b. Maintain strict confidentiality of patient information, personnel and QA topics.
    c. Communication of PI activities to the respective EMS agency.
2. The Chairperson of the PI Committee shall a BREMS Representative or appointed by the Regional OMD. His/Her responsibilities shall include:
    a. Final decisions and actions of the PI Committee.
    b. Draft all letters of recommendations to local EMS agencies, Operating Medical Director's *(OMD)* or hospitals.
    c. Draft all proposals for changes to policies, guidelines and guidelines.

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d. Liaison to local EMS agencies' OMD's and Hospital Physicians.
e. Conduct Medical Incident Reviews/Trauma Incident Reviews by evaluating the BREMS CQI Incident form. This form can be filled out by an EMS professional, Hospital staff and OMD.

3. Confidentiality:

   In order to maintain the integrity of the PI Committee 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. Specifically, when a problem is identified within the system such as: skills, critical thinking, documentation, equipment, protocol deviation or other general issues, it is the responsibility of this committee to elicit input for possible solutions from all EMS agencies, EMS professionals and Hospital staff.

Regional EMS System Analysis *(QI/QA)*

Quality Improvement and Quality Assurance is critical to the evaluation of the EMS & Trauma System in the Blue Ridge EMS Region. A broad look at what contributes to community health must include data from hospitals and pre-hospital agencies, so comprehensive care at the right time and at the right place can be ensured in each community. Accurate regional data can provide specific information about the health of our EMS & Trauma System and individual communities, facilities, and about pre-hospital services.

1. The goal of BREMS PI Committee is to:
   a. Design and implement QA projects that are practical and are able to collect patient care statistics to evaluate system effectiveness and identify trends in patient care.
   b. Establish Regional Clinical Bench Marks to measure the BREMS Regional system effectiveness through quarterly QA review.

2. The PI shall conduct quarterly PI meetings and submit their findings to the Regional OMD committee.

3. The PI committee will make recommendations on quarterly PI topics, Regional skills review, and quarterly PI/TPI training for the agencies and BREMS education nights. The OMD committee will finalize and approve all quarterly medical topics in advance. BREMS will use the VPHIB system (BREMS PI sign in) to access regional call information. For example, the OMD Committee may want to see how many attempted intubations there were during a quarter and how many were successful. The information will be given to the OMD Committee for review and it will be shared with the agencies during the quarterly PI/TPI meetings. This will allow the agencies to go back and identify specific in house QA they need to review during this quarter and follow up with their agency OMD, if necessary. The PI membership will also submit quarterly PI data to the PI committee for review and this information will be submitted and shared with the Regional OMD committee.

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4. The PI Committee will decide in advance what topics they would like to review from Centra Health Trauma Services.
5. All information is available on the BREMS Website.

    a. Gather data from Image Trend Data Elite System. Information will be gathered through the BREMS PI log in assigned by The Office of EMS. The data will be filtered, allowing the most accurate information to be indentified via the region/agency, if possible. This information may be obtained via chart review in order to further analyze data. The BREMS office will send all information to the OMD Committee and share with the agencies during the quarterly PI/TPI meetings, and send any needed follow up to the agency and agency OMD, if needed for review.

6. The agency will be required to keep track of their in house QA for agency inspection purposes. Each agency will be given a copy of the quarterly QA presented for their review and follow up. This information can be used as their quarterly in house QA.
7. The PI Committee may use these trends and patterns as a tool for the development of Regional Skill Drills.
8. The PI Committee shall track all Trauma Topic Reviews for any trends and patterns that may develop and recommendations may be made by the committee(s) members to resolve these issues.
9. The Chairperson and/or Regional Operational Medical Director, in review and investigation of a medical/trauma incident, may report any findings to the Virginia Office of EMS that they feel violates the requirements set forth by the "Virginia Emergency Medical Services Regulations" *12 VAC 5-31*.

BREMS CQI Incident Review (Quality Improvement Form)

Effective identification, analysis, and correction of problems requires an objective review by qualified, appropriate members of EMS and hospitals programs within the BREMS Region, protected by a process which ensures confidentiality. The PI Committee will NOT be involved in CQI reviews. This form will also help ensure the Emergency Department Administration and BREMS are communicating properly on quality improvement issues between Emergency Department staff and EMS.

1. Submission of CQI Incident Report:

    a. Any EMS pre-hospital provider, EMS agency, OMD or Hospital personnel may report on any incident that may have occurred in the Region in an **appropriate quarterly time frame**. This may include any **positive** or **negative** outcomes of a call.

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b. The agency/professional will use the BREMS CQI Form, which will be available via the BREMS website. The agency/professional can submit it online or via email or mail. The form may be mailed, emailed or hand delivered to the BREMS office.

Blue Ridge EMS Council, Inc.
Attn: Jennifer Kersey, Field Coordinator
1900 Tate Springs Road, Suite 14
Lynchburg, Virginia 24501
(434) 947-5934
jkersey@vaems.org

1. Review of CQI Incident Report:
   a. The form will be kept confidential and will be submitted to the BREMS Council for the Regional Operational Medical Director's (OMD) review.

   b. The agencies/facilities and/or personnel involved in the review will be notified by email with the details of said incident.

   c. If no agency/agency OMD involvement is indicated on the BREMS CQI form and the Regional OMD feels it is necessary, he/she will contact the necessary agency/facility to find out what in house QA has been done for this incident. The Regional OMD may also contact the agency's Operational Medical Director. This process will help to close up all loop holes in the agency/OMD system. The OMD Committee will review all necessary incidents.

   d. If the CQI form involves hospital personnel, Emergency Department Administration will be notified within 24 hours of receiving the form. A copy of the form will be provided to Emergency Department Administration. ED Admin will need to notify BREMS of any actions taken on their behalf, as well as BREMS notifying ED Admin of any information or actions taken. A meeting between ED Admin, BREMS and/or individual parties involved may be necessary.

2. The Review process may include:

   a. A review of pertinent medical records including the PPCR, Base Hospital CORE/HEAR recorded tape and/or patient outcome data.

   b. A formal interview with involved personnel to review the facts may be arranged through the agency/facility's representative, if needed.

3. Follow up of the Review:

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a. Once the agency/facility and/or agency OMD has completed their review, a follow up letter/email will be sent to the BREMS office via the agency/facility and/or agency OMD on what actions, if any, were taken concerning the incident within 72 hours of receipt of the review.

b. Any incident with hospital personnel: Once the ED Administration and agency OMD have completed their review; a follow up letter/email will be sent to the BREMS office describing the outcome and any actions taken.

4. The Regional OMD may report any findings to the Virginia Office of EMS that they feel violates the requirements set forth by the "Virginia Emergency Medical Services Regulations" *12 VAC 5-31*.

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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."

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.

Documentation

Appendix A

Attached you will find the BREMS Regional Quality Improvement Form. All forms containing incident data should be treated as Protected Health Information and handled using the secured document system in accordance with HIPAA standards.

Blue Ridge EMS Council
1900 Tate Springs Rd., Suite 14, Lynchburg, VA 24501
(434) 947-5934

EMS Incident Review Form

The purpose of this referral is to improve the quality and efficiency of patient care in the Blue Ridge EMS region. This form is intended to relay comments & concerns regarding EMS incidents in the region, both trauma & medical in nature. Submission of this document triggers further review of the specific incident. All information obtained through this process will remain confidential. This information will be used by the EMS agency, it's Operational Medical Director (OMD), and local facility representatives for the purposes of Quality Improvement (QI) to result in improved patient care.
Provide as much of the requested information as possible.

This form may be submitted anonymously. However, if you would like us to contact you for additional information, we must have your contact information. All information obtained is confidential.

Section–1: REFERRER CONTACT INFORMATION [*PLEASE PRINT CLEARLY*]

Name	*Agency*
Telephone Number	*E-mail address*

Section–2: INCIDENT DETAILS [*PLEASE PRINT CLEARLY*]

Date of Incident	*Time of Incident*	*EMS PPCR Number*	*Medical Record Number*
Agency/Facility Targeted for Review		*Attendant-in-charge (if known)*	

Section–3: DESCRIPTION OF EVENTS [*PLEASE PRINT CLEARLY – ATTACH ADDENDUM IF NEEDED*]

Patient Follow-Up Request Only Yes________ No _______

************************ **BREMS USE ONLY** ************************

Date Received: __________________ **Date Referred to CQI Committee (If applicable):** __________________

Comments:

Confidential and Privileged under Peer Review Protected by Virginia Code 8.01-581 Sections 16 & 17

Pursuant to sections § 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 pre-hospital 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

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Lynchburg General Hospital & Blue Ridge EMS Council EMS Incident Review Form Policy

Effective identification, analysis, and correction of problems requires an objective review by qualified, appropriate members of EMS and hospitals programs within the BREMS Region, protected by a process which ensures confidentiality. The CQI Committee will NOT be involved in EMS Incident Reviews. This policy ensures the Emergency Room Administration and BREMS are communicating properly on quality improvement issues between EMS Providers and ED staff and its selected representatives.

2. Who can fill out this form:
   - EMS Supervisory Staff (as submitted to them by Field EMS Providers)*
   - Trauma Services
   - Unit Managers
   - Other Emergency Department Staff as needed

3. Submission of EMS Incident Form:
   - The form will be available online and can be downloaded and filled electronically.
   - The form will be available to any EMS pre-hospital provider, EMS agency, OMD or Hospital personnel who may report on any EMS Incident that has occurred in the BREMS Region in an appropriate quarterly time frame. ***However, in an effort to cut down on the potential for multiple submissions from multiple providers, the provider must submit the form to their direct supervisor or Field EMS Captain. That supervisor shall then send it to:**

     jkersey@vaems.org

     Jennifer Kersey, BREMS EMS Field Coordinator

     This may be submitted electronically, by mail or hand delivered to our office.

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- This may be used for any aspects of a call. Examples, but not limited to:
  - Patient Care follow-up
  - Supervisory QA of an agency transport and/or individual performance
  - Concerns with care rendered either by a Field EMS provider or receiving facility staff member
  - Other concerns with receiving facility staff
- This form should be used in a constructive manner and for the purposes of improved patient care, relationship rapport and/or education opportunities

4. Review of the EMS Incident:

- The form will be kept confidential and will be submitted to the BREMS Council for the Regional Operational Medical Director's (OMD) review.
- The agencies/facilities and/or personnel involved in the EMS Incident will be notified via letter and a copy of the form will be forwarded to the agency/facility's representative within 72 hours.
- If no agency/agency OMD involvement is indicated on the BREMS EMS Incident Form, the Regional OMD will contact the necessary agency/facility to find out what in house QA has been done for this incident. The Regional OMD will also contact the agency's Operational Medical Director. This process will help to close up all loopholes in the agency/OMD system.

5. The EMS Incident Review process may include:

- A review of pertinent medical records including the PPCR, Base Hospital CORE/HEAR recorded tape and/or patient outcome data.
- A formal interview with involved personnel to review the facts may be arranged through the agency/facility's representative.

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6. Follow up of the EMS Incident:

    - Once the agency/facility and/or agency OMD have completed their review; a follow up letter will be sent to the Regional OMD and BREMS office via the agency/facility and/or agency OMD on what actions, if any, were taken concerning the incident.
    - Any single system EMS Incident will be forwarded to the respectful agency and follow up report will be forwarded to the BREMS office after the completion of the MIR/TIR review by the agency/facility/agency OMD.

7. The Regional OMD may report any findings to the Virginia Office of EMS that they feel violates the requirements set forth by the “Virginia Emergency Medical Services Regulations” *12 VAC 5-31*.

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