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REGIONAL EMS CONTINUOUS QUALITY IMPROVEMENT PLAN

Origination Date: 08/20/2007
Revised Dates: 09/2015; 9/2016; 9/2017; 9/2018; 9/2019; 7/2020; 9/2021
CQI Committee Approval: 09/2015; 9/2016; 9/2017; 9/2018; 9/2019; 9/2020

Purpose

System analysis and continuous quality improvement are critical to the high quality of the EMS & Trauma Systems in the Blue Ridge EMS Region. A broad look at factors contributing to community health must include data from both hospital and prehospital agencies, so comprehensive high quality 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 Systems as well as that of individual communities, facilities, and other pre-hospital services.

The Continuous Quality Improvement Committee, under the direction of the Regional Medical Director, is responsible for assuring and improving the quality of prehospital care within EMS systems that are served by the Blue Ridge Emergency Medical Services Council *(BREMS).* This committee will work under the provisions of this Performance Improvement Plan *(PIP).*

Definitions

1. Continuous Quality Improvement (CQI) -- A systematic and perpetual 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.

2. BREMS CQI Incident Review (CQI Review) – A process by which an EMS provider, EMS agency, Operational Medical Director or any other involved party can request review by BREMS of prehospital care provided . The incident will be reviewed by the Regional Medical Director (RMD) in conjunction with the CQI Committee Chairperson, with communication as appropriate with the provider(s), involved agency, the agency's Operational Medical Director (OMD), the CQI Committee and/or the receiving facility.

3. Patient Identifying Information (PII) - The name, address, social security number, fingerprints, photograph, or similar information by which the identity of a patient can be determined with reasonable accuracy and speed either directly or by reference to other publicly available information.

4. Benchmark - A numerical standard identified as the frequency goal for a particular process or procedure. For example, "95% of chest pain patients will have an EKG obtained within 10 minutes of patient contact." These standards should be evidenced based when possible, and may always be superceded by documentation of differing patient needs or other circumstances.

Primary Objectives of the CQI Committee

1. Accomplish Region-wide surveillance of patient care quality, including evaluation of system effectiveness and identification of trends, via continuous review of a dashboard of protocol-driven benchmarks.
2. Develop recommendations for the Region as well as individual agencies regarding patient care deficits and strengths identified based on dashboard data and trends.
3. Provide constructive feedback and useful performance data to all EMS agencies within the BREMS Region, and as possible, to individual providers.
4. Develop recommendations for the BREMS Training Coordinator & OMD Committee for future educational offerings and Regional Skills Review topics based on dashboard data and trends.
5. Maintain the highest standards of ethical consideration, privacy and HIPAA compliance with respect for both our patients and our providers.
6. Recognize the incredible efforts of our providers to do the right thing, and the importance of focus on improvement rather than placement of blame.

Committee Operations

This committee shall meet at least quarterly, with meeting dates announced at least two weeks but preferably more than 3 months in advance. A dashboard of data reporting on previously developed protocol-based benchmarks will be shared with committee membership prior to each meeting. The report will be gathered by the Committee Chairperson in consultation with the BREMS office, RMD, and other specialty resources as needed such as the Centra Trauma Registrar or Chest Pain Committee, and will contain no PII but shall include variances (percentile reporting) from the previous quarter.

During the meeting, membership will review reported data, consider variances for importance, and develop and implement any pertinent actions or recommendations.

This committee shall report to the Regional Council Meeting and OMD Committee, as well as other venues at the discretion of the RMD or BREMS Executive Director. In addition, data will be made available to individual agencies to facilitate their internal CQI process.

The Chairperson and/or Regional Medical Director, in review and investigation of any concern, shall 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*.

Membership

The CQI Committee shall be chaired by a BREMS representative or other designee as appointed by the RMD.

The CQI Committee shall be comprised of a representative/or their designee from:

- Accredited Education Program: Jason Ferguson / Lisa Aiken
- Air Medical: Robbie Conner
- Amherst County: Jarred Scott
- Appomattox County: Susan Walton
- Bedford County/Bedford City: Janet Blankenship
- Campbell County: Michelle Turner
- Commercial Transport Agency: Jeff Tanner (Centra Transport) & Tom Walton (DRT)
- Centra Representatives: Dr. Tom Forsberg, Co-Director for LGH Trauma Services; Kelly Brown, Centra Trauma Registrar; Vacant, ED Representative
- Lynchburg City: Ricky Bomar/Robert Lipscomb
- Operational Medical Direction Committee: Dr. Kayla Long
- Additional guest or permanent designees as designated by the RMD

  NOTE: *Every EMS provider and OMD in the BREMS region is invited to attend and encouraged to speak or ask questions as desired.

Member Responsibilities

1. Members of the CQI Committee are charged with the following responsibilities:
   a. Participation in an ongoing Performance Improvement (CQI) Program within their respective EMS agency, which should include PCR review audits and data collection.
   b. Maintenance of strict confidentiality of patient information, personnel and QA topics.
   c. Communication of CQI committee activities to the respective EMS agency leadership.
2. The Chairperson of the CQI Committee is charged with the following responsibilities:
   a. Documentation of final decisions and actions of the CQI Committee.
   b. Drafting all letters of recommendations to local EMS agencies, Agency OMDs or patient care facilities.
   c. Drafting all proposals of changes to policies, guidelines and protocols.
   d. Liaison to agencies' OMDs as well as other physicians and healthcare providers.
   e. In conjunction with the RMD, to receive and review BREMS CQI Incident Review requests.
3. Confidentiality:
   In order to maintain the integrity of the CQI Committee and protect patient and provider privacy, each member will at all times maintain strict confidentiality. Communication with other entities within the system will often be required. Specifically, when a deficit is identified within the system such as: skill performance, critical thinking, documentation, equipment, protocol deviation or other general issues, it is the responsibility of this committee to elicit input for possible solutions from EMS agencies, EMS professionals and/or Hospital staff as needed while safe guarding any PII as well as provider privacy.

BREMS CQI Incident Review

Effective identification, analysis, and improvement of system weakness requires a thorough and objective review, protected by a process which ensures confidentiality. THE CQI Incident Review process will be managed by the CQI Committee Chairperson with oversight by the RMD; the CQI Committee will not routinely be involved in CQI Incident Reviews, but may be consulted if the CQI Committee Chairperson and RMD find this indicated. Use of a standardized format will help to ensure clear communication regarding the situation and concerns,

1. Submission of CQI Incident Report:
   a. Any EMS pre-hospital provider, EMS agency, OMD, Hospital personnel or other concerned person may report on any incident that may have occurred in the Region at any time.
   b. The person/agency reporting should use the BREMS CQI Form, which will be available via the BREMS website. The agency/person may submit it online or via email/mail, or hand deliver 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

2. Review of CQI Incident Report:
   a. A review will be completed by the CQI Committee Chairperson and the RMD, with additional resources as they deem necessary.. especially the pertinent agency OMD. They may report this review to the OMD Committee and CQI Committee members at their discretion, but this is not required.

a. The agencies/facilities and/or personnel involved in the review will be notified by phone or email with the details of the incident and the concern raised.

b. If the CQI form involves hospital personnel, administration leadership of the appropriate department will be notified within 24 hours of receiving the form. A copy of the form will be provided to the department administration should it be desired.

3. The Review process may include:
   a. A review of pertinent medical records including the PPCR, Base Hospital CORE/HEAR recorded tape and/or the patient's Emergency Department or inpatient chart.
   b. A formal interview with involved personnel to review the facts may be arranged through the agency/facility's representative, if needed.
   c. Other resources or reviews as indicated, for example chart review by another provider involved in the patient's care.
4. Follow up of the Review:
   a. Once the CQI Committee Chairperson and RMD have completed their review, they will communicate directly with the pertinent EMS agency and/or care facility leadership as well as involved OMDs to discuss findings and collaborate on education, remediation or any other resources needed.
   b. A follow up letter/email will be sent to the BREMS office by the involved agency and/or agency OMD summarizing any events or actions taken concerning the incident within 72 hours of receipt of the review.
5. 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*.

Additional Reviews Expected of the Regional and Agency Medical Directors

While chart review is often driven by a concern for substandard patient care, we recognize that it is equally important in settings without obvious signs of performance failure. We further recognize the critical role played by review not only of the prehospital patient chart, but whenever possible also of the patient's Emergency Department and Inpatient chart in order to ensure that prehospital care was not only competent but also as thorough as possible. Because of this, it is expected that both the Regional Medical Director and Agency Operational Medical Directors will make strong efforts to review charting not only for patients regarding whom a concern was raised, but also for patients who:

1. Receive a critical or life/limb saving intervention prehospitally, such as drug assisted intubation or an intervention to change a cardiac rhythm.
2. Are cared for by new, or newly advanced providers
3. Are the recipient of rare diagnoses or rarely performed interventions.
4. Have other response characteristics which suggest a greater risk for incompetent or incomplete care.

All Agency OMDs should have regular and independent access to their agency's charting software such that they can review a chart at will. In addition, a strong effort should be made by the RMD, Agency OMDs (with BREMS support) to collaborate with receiving facilities to permit Emergency Department/Inpatient patient chart access for CQI review. This should be established with the facility separately from typical provider access to ensure that there is a clear understanding that the chart reviews performed are required for CQI.

Advanced Practice Paramedic (APP) Program

By definition, all paramedics in the APP program are working within the Region at the paramedic level, and as such the bulk of their patient care will fall under the normal CQI plan as described above. However, patient care involving APP Protocols, which are a small group of directives involving care limited to the APP group, will have additional review and case discussion to ensure high quality care, and encourage growth of critical thinking skills. The APP group is specifically overseen by the RMD, and as such the RMD will guide and oversee additional CQI projects related to this group. Some examples of this include but are not limited to:

1. Chart review by the RMD of patients receiving APP level interventions, with a special focus on airway management patients
2. APP case-based peer review sessions under the direct supervision of the RMD
3. Dedicated educational events focused on maintaining and improving skills and knowledge

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.

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, its Operational Medical Director (OMD), and local facility representatives for the purposes of Quality Improvement (QI) to result in improved patient care.
Please 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* *MR 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

Section 3: Description of Events (Continued if needed)

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

1. 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. Use of a standardized format will help to ensure clear communication regarding the situation and concerns,

2. Who can fill out this form:
   - Anyone with a concern regarding a patient's prehospital care

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 prehospital provider, EMS agency, OMD, Hospital personnel or civilian who may report on any EMS Incident that has occurred in the BREMS Region. ***However, in an effort to cut down on the potential for multiple submissions from multiple providers, a 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.
   - This may be used for any aspects of a call. Examples include but are 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 RMD and CQI Committee Chair's review.

    - The agencies/facilities and/or personnel involved in the EMS Incident will be notified via letter/email 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 RMD will contact the necessary agency/facility to find out what inhouse CQI has been done for this incident. The RMD will also contact the agency's OMD.

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.
    - Other review/resources as indicated

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 RMD 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 respective 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 RMD 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 Regional CQI Plan	
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Approval(s):

Mary Kathryn Allen BREMS Executive Director	Date Approved
Wendy J. Wilcoxson, DO BREMS Regional Medical Director	Date Approved