Quality Assurance Policy Plan and Procedure

Effective Date: 12/1999

Reviewed: 3/2000
9/2000
Monday, April, 1 2002
Friday, October 3, 2003
Wednesday, September 22, 2004

Revised: Monday, April, 1 2002
Friday, October 3, 2003
Wednesday, September 22, 2004

I. PURPOSE
To provide a consistent, systematic approach for the regular review of the quality and appropriateness of interfacility care; to provide compliance with the Quality Assurance Plan and Advanced Life Support Provider Standards.

Quality Assurance (QA) means an organized method of auditing and evaluating care provided within EMS systems.” Contrary to popular belief, the primary focus of QA is on improving the Quality of the EMS system. However, as with all medical services, questions arise as to the appropriateness of care provided to an individual patient and the policies controlling the provision of medical care. This plan provides both a forum for continuous system improvement and a means to review significant incidents. A medical review process must consider the facts concerning individual incidents, adjudicate allegations in a fashion which is consistent, provide due process to all parties, and ensures quality patient care.

II. POLICY
BestCare shall monitor aspects of interfacility care provided by their company and report monthly on the important aspects of the program, to include but not be limited to the following:

A. Concurrent and Retrospective Monitoring of interfacility Care

1. Supervisor field observation

2. Indicators for Prehospital Care Record (PCR) Review: (monthly 100% PCR audit)
A. cardiac arrest
B. advanced paramedic protocol use
C. patient condition deteriorates while enroute
D. pediatric ALS care
E. all intubations
F. scene delay of > 20 minutes for a trauma patient
G. random focused audit
H. patient complaints

**Medical Incident Review Responsibilities:**

a) To review written or oral allegations that an EMS provider failed to act in accordance with applicable law or protocols or that pre hospital care was below the applicable standard of care

b) To identify protocol variations.
   i) Identify variation
   ii) Identify root cause
   iii) Address root cause – lack of knowledge or skills, limitation of resources, poor communications, conduct issue, etc.

c) To provide remedial action to resolve patient care issues
   i) Remedial actions may include retraining, counseling, disciplinary action. Disciplinary action is not normally considered unless the incident review demonstrates that a conduct (behavior) problem occurred or that a pattern of similar patient care issues exists with the provider.
   ii) Establish format to document such actions

d) To notify the referring facility if deemed appropriate:
   i) Extraordinary Care Protocol - 24 hours notification to EMS medical director and required
   ii) Protocol variances, other care issues – preliminary report 2 days

2) **Using Quality Assurance / System Review For Quality Improvement:**

a) To review patient care data in order to identify trends and sentinel events
   i) Data sources may include PCR, Additional Narratives,
   ii) Analyze sentinel events to determine if protocol change, equipment / resource change or remedial action is necessary

b) To analyze trends and develop recommendations for appropriate action
   i) Determine specific indicators to track in determining compliance
   ii) May select a percentage of forms for random review
   iii) May track specific jurisdictional indicators such as:
      1) Customer service / satisfaction
(2) Response time
iiv) Review all incidents involving a specific patient condition or procedure such as:
   (1) High volume patients i.e. Asthma
   (2) High risk patients i.e. Cardiac arrest
   (3) Optional or new protocols i.e. RSI
   (4) Opportunity to improve care i.e. Service issues with nursing homes
v) Work with Referring facility to review Managing for Results Indicators
c) Recommendations might include changes in protocol, operational procedures or equipment
d) Plan should identify a type of review
e) Trends tracked to identify:
   i) System issues
   ii) Opportunities for improvement
   iii) Disposition tracking

**Method/Plan**

BestCare will review all Patient Care Records for predefined criteria.

BestCare Ambulance will use a data collection sheet.

This sheet will ask approximately 10 questions in a yes or no format.

This sheet will have short term identifiable numbers, which protect the patient’s identity and confidentiality.

The data from this sheet will be entered into a computer program for numerical calculation.

The results of this data shall be collated, organized and printed out monthly.

Data collection and data entry sheet may be kept for a limited amount of time, however, there disposal should occur within one year, and be in a manner consistent with the destruction of any medical record.

Data bits may be changed as deemed desirable.
I. GLOSSARY

II.

**Compliance** in quality improvement terms means are we doing what we said we would do. In EMS terms this generally means are we following protocols.

**Credentialling**: the process by which the Jurisdictional Medical Director evaluates the qualifications of an EMS provider and approves them to practice at a specific level

**Data** in quality assurance terms refers to readily available sets of information about a process, treatment, etc and includes such things as runsheets, patient care reports, surveys, demographics etc.

**Discipline** is a punitive action (such as written reprimand, fine, suspension or revocation of certification or license, termination) taken by a jurisdictional operation program or EMS Board in response to a medical incident or prohibitive conduct issue

**Incident** means a significant occurrence or event involving emergency response or care, a variance from the standard of care.

**Indicator** means a specific thing that is tracked for evaluation purposes. In EMS it could be a treatment, medication usage, assessment category etc.

**Medical practice** is the approval to practice at a specific level within a jurisdiction or state. The jurisdictional or state medical director may suspend or limit medical practice at any time if they feel that the provider poses a threat to health and welfare of patients.

**Patient Care Incident** is an incident in which patient care is not within the normal parameters. Investigation may lead to retraining of providers involved, a change in protocol or operations or acquisition of new or different patient care equipment. For example a patient care incident in which in a child under the recommended age guideline was successfully resuscitated using an AED led to a change in Maryland protocols.

**Practice Review Process** is a State peer review process, which recommends whether or not a pre hospital provider’s certification or licensure needs to be suspended or revoked by the appropriate State Board.

**Privileges** are benefits associated with employment or membership in an EMS program
Protocol variation is any act or failure to act in practice or judgment, involving patient care that is not consistent with established protocol, whether or not it results in any change in the patient’s status or condition.

Quality Assurance (QA) means an organized method of auditing and evaluating patient care within EMS systems. This is a broad definition that includes both tracking of “sentinel events i.e. specific patient care incidents” and systemwide performance.

Quality Assurance Occurrence means a patient care incident in which a protocol variation occurs, an Extraordinary Care Procedure occurs, providers are unable to carry out physician orders or some other sentinel event impacts patient care negatively.

Quality Control is the comparison of outcome to specifications.

Quality Improvement is also known as Continuous Quality Improvement, Total Quality Management, Total Quality Systems, Quality Systems Improvement, Total Quality, and Quality Management. All of these terms apply to a systematic, organization wide approach for continuously improving all processes to deliver quality products or services. It includes four basic ideas:

- Involve employees
- Focus on the customer
- Use data and team knowledge to improve decision-making
- Continuously improve processes

Re education provides for review of didactic information and /or skills from course materials.

Remediation process is a means of improving competence, remedying or correcting faulty habits.

Root Cause is the basic, underlying reason for variance from standard of care or sentinel event. If root cause is identified, improvement strategies should target the root cause to reach the desired outcome i.e. a long lasting improvement.

Sentinel Event means a rare incident or occurrence that has significant impact on patient outcome or system function.

Return to Index

© BestCare Ambulance Services, Inc. 2000-2005. All rights reserved.