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| | **Standard Operating Policy : ADMIN 9** | |
| | Subject: | Quality Management |
| | Effective Date: | December 1, 2022 |
| | Revision Date: | January 1, 2023 |
| | Director: | William Ferguson |

**QUALITY MANAGEMENT PROGRAM**

**Purpose**

An EMS agency shall have an ongoing Quality Management (QM) Program designed to objectively, systematically, 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, EMS inquiries, patient care concerns, and all aspects of transport operations and equipment maintenance pertinent to the agency's mission.

Quality management is a system-wide responsibility shared between and among the Operations Division leadership, OMD, and field providers; this joint effort is a collective promise to provide quality emergency medical services to everyone in our care, consistent with best practices and evidence-based medicine.

**Program Objectives**

This QM Program shall apply to all pre-hospital providers functioning with an emergency medical services (EMS) agency in Franklin County and under the direction of its Operation Medical Director (OMD).

The Quality Management Program seeks to improve the quality of prehospital care being provided by members of the Department of Public Safety and affiliate agencies by:

- Evaluating service delivery and assessing patient care quality and processes.
- Identifying opportunities for individual, process, or system improvement through case review, data analysis, and EMS inquiry review, as well as prospective quality planning initiatives.

**Quality Management Program Committee**

The Franklin County Department of Public Safety (FCDPS) recognizes its responsibility to ensure the delivery of optimal patient care by its providers to our patients and to comply with the Rules and

Regulations of the Virginia Office of Emergency Medical Services. The QM committee will consist of the following FCDPS personnel:

- Deputy Chief of Operations
- Operational Medical Director
- One shift Captain
- One shift Lieutenant
- Two Volunteer EMS Representatives

**ELECTRONIC PATIENT CARE REPORT (ePCR) REVIEW**

The ePCR is the principal record of every patient encounter and plays an essential role in ensuring quality care, improving overall system performance, establishing a legal record of service provided, and enabling accurate transport billing.

The Shift Management Team (SMT) shall complete daily electronic patient care report (ePCR) review via the ESO Quality Management tool for all pre-determined call types posted on the previous shift (0700 hours – 0700 hours.) The purpose of the review is to ensure adherence to established department policies, compliance with established coding and billing documentation minimums, regional protocols, and standards of care. This review also provides an opportunity to give feedback to individual providers with suggestions on how to improve clinical decision-making, overall patient management, and documentation. Focused reviews are set by the Deputy Chief of Operations and/or the OMD.

Chart reviews are accomplished using the ESO Quality Management software and includes a comprehensive review of completion of required fields, vitals sign documentation, and the narrative.

The OMD also engages in ongoing ePCR reviews. This includes ad hoc reviews, as well as all ePCRs for patients requiring any intervention outside the normal scope of practice. Examples include refusals and resuscitations terminated in the field. The SMT shall review all patient care reports for designated clinical presentations and intervention tracking as part of the ongoing evaluation of emergency medical care and service delivery.

1. Periodically, the Operations Division or OMD may adjust chart review procedures or direct focused chart review topics to closely evaluate specific procedures or care for categories of a patient during a specific time interval.
2. Incident Driven Review: The QM Committee or a member of the FCDPS Leadership Team may audit specific call reports by request, complaint, compliment, or exceptional care.
3. The expectations for chart review apply to fill-in qualified personnel (overtime or detail) as well as the normally assigned officer.

**MEDICAL INCIDENT REVIEW PROCESS**

**Purpose:** To outline the process, commonly known as an EMS Inquiry, for the investigation of adverse events, medical practice violations, patient care concerns, and/or patient harm related to the delivery of emergency medical service by members of the Department of Public Safety to ensure and continually improve the quality of care.

§ VAC 5-31.600 of the Virginia EMS Regulations mandates the existence of a Quality Management Program designed to objectively, systemically and continuously monitor, assess and improve the quality and appropriateness of patient care provided by the agency. Quality improvement initiatives are privileged and confidential; protected from disclosure under Virginia Code §8.01-581.17 and will be retained in accordance with those specifications. In accordance with 42 CFR 3.204, the Patient Safety and Quality Improvement Sct of 2005, and the aforementioned codes, Franklin County Department of Public Safety has identified the ESO QM Platform to be a confidential and privileged Patient Safety Work Product (PSWP) and deems all communications, notes, and transcripts protected and to fall within the respective state and federal protections afforded therein.

When incidents or issues involve alleged or suspected misconduct or violations of any laws, statutes, ordinances, standard operating procedures, department rules and regulations, or Franklin County Standards of Conduct by any employee of the Department of Public Safety, the investigation will be completed in accordance with the Franklin County Standard of Conduct policy #2.50.

**Definitions**

An **adverse event** occurs whenever an adverse or unanticipated outcome occurs as a result of a medical intervention or while in the care of FCDPS personnel. Examples of an adverse event include, but are not limited to:

- Untoward response to medication.
- Medical equipment failure.
- Actual or potential injury.
- Unexpected deterioration in patient status.

A **medical practice violation** occurs whenever a member of the Department fails to provide emergency medical service in accordance with established medical protocols or standing orders, training principles, authorized physician's orders, established or generally accepted medical practices and/or department policies and procedures concerning citizen interaction. Examples of medical practice violation include, but are not limited to:

- Medication misadministration (dose, route, wrong medication, etc.).
- Report falsification, to include reporting incorrect or unattained patient information.
- Performing procedures not authorized by the OMD.
- Incomplete patient assessment or failure to assess patient.

- Inappropriate conduct that impacts the provider's ability to provide or transfer care.
- Performing procedures outside of authorized scope of practice for Franklin County

A **patient care concern** occurs whenever a provider involved in the care of the patient or observing the care provided has reason to believe that some component of the care delivered, or management of the call did not proceed as it should have and had the potential to adversely impact the patient. Examples of patient care concerns include, but are not limited to:

- Selection of the wrong medical treatment protocol.
- Delays in patient access, assessment, stabilization, or transport.
- Choice of destination facility.
- Unprofessionalism

Patient harm occurs when a provider involved in the delivery of EMS commits an intentional act of physical violence, poses a threat to physical safety, or makes derogatory statements and/or statements of contempt against a patient or bystander on an incident scene. Examples of patient harm, include, but are not limited to:

- Physical assault.
- Use of derogatory and/or pejorative terms.

An **investigation** is the official systematic inquiry of an adverse event, medical practice violation, patient care concern or patient harm conducted by the SMT for system quality improvement.

It is understood that not all queries require a formal investigative process. The SMT shall handle routine requests for information or clarification about system function and/or interpersonal relations at the shift level.

**REPORTING PROCEDURES**

Department personnel who witness an adverse event, medical practice violation, patient care concern or patient harm shall report it to the on-duty SMT. The SMT will in turn complete the Inquiry Intake Form. If a person outside of the Department calls the station to report an adverse event, medical practice violation, patient care concern or patient harm to department personnel, direct the call to the shift SMT. Obtain contact information for complainant and advise the complainant they may be contacted during the investigation process. Do not promise they will be informed of any personnel actions taken as a result of their identified concerns.

SMTs will immediately notify the DC and OMD of the occurrence of an adverse event, a medical practice violation or allegation of patient harm. OMD reserves the right to suspend or remove the ability of any EMS provider to practice in the field. In accordance with Virginia Office of EMS regulations (12 VAC 5-31-1890), the OMD is required to notify the Office of EMS in writing when EMS personnel are suspended from medical care privileges or practice.

**INVESTIGATION PROCESS**

On receipt of the completed System/EMS Inquiry intake form, the Deputy Chief of Operations will:

Assign inquiry # and enter incident to ensure the following information was included in the intake form.:

- Date received and source of inquiry.
- Incident number, if applicable.
- Personnel involved.
- Investigator
- Investigation elements received.
- Disposition and recommendations.

EMS inquiries are assigned to the respective SMT. For urgent matters, the EMS inquires can be assigned on the shift when the issue is discovered.

- Target completion date is set for two weeks from date of intake by the Deputy Chief of Operations.
- Upon completion of the investigation, the SMT submits a written investigation report to Deputy Chief of Operations.

**Investigation Report Elements:**

- Summary of investigation process including synopsis of issue, findings, conclusions, recommendations, as well as:
- Written statements from all personnel on scene.
- Written complaint and/or interview notes from any non-FCDPS personnel.
- Supporting relevant documents, such as medication accountability forms, daily checklists, etc., if applicable.
- CAD event history, if applicable.
- Photographs and/or audio files of prehospital and dispatch communications, if applicable.

The Operations Division will meet regularly with the OMD (as needed) to review completed investigation reports. The DC and OMD will make decisions, in coordination with the SMT, for individual and/or organizational initiatives to prevent recurrence through remediation, system process changes or other appropriate means to enhance emergency medical service delivery, as well as enhance the personal and professional development of the providers. Decision-making authority lies with the OMD for medical issues and with the DC for operational issues. Decisions regarding discipline are the

purview of the Director of Public Safety. Any discipline issued with be in accordance with the Franklin County Policies and Procedures Standard of Conduct.

Investigation conclusion findings may include:

- No variance.
- Variance.
- Variance with adverse effect
- Not a patient care issue (redirect to appropriate SMT).

Conclusions as to nature or causes include:

- Skills/knowledge deficit.
- Professionalism.
- System issue.
- Medical practice violation.

EMS Inquiry Intake form found on next page.

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| | **Department/EMS Inquiry:** |
| | Subject: / Inc#: |
| | Date: / Location: |
| | Submitted By: |
| | Personnel/Staff: |
| | Unit(s): |
| | Inquiry assigned to: |

| | |
|---|---|
| Patient Name: | Age/DOB: |
| Medical Record #: | Receiving Hospital: |

| | | | |
|---|---|---|---|
| Citizen Complaint ☐ | Hospital Complaint ☐ | LE Complaint ☐ | Other ☐ |

| | |
|---|---|
| Summary: | |
| Source Name: | Contact #: |
| Email: | |

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|---|---|
| Notified Deputy Chief of Operations ☐ | Notified Operational Medical Director ☐ |

Disposition

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| Variance ☐ | Variance with adverse effect ☐ |
| No Variance ☐ | Not a patient care concern ☐ |

Conclusion

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|---|---|
| Skills/Knowledge Deficit ☐ | Professionalism ☐ |
| System Issue ☐ | Medical Practice Violation ☐ |

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| Investigating Officer's recommendation: |

Completed forms are to be returned to the Deputy Chief of Operations.

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**Completed By** **Date**