

ECH / Essex County QA/QI Plan

I. **Introduction**

As a part of the local EMS system servicing the community in and around Essex County, the University of Vermont Health Network- Elizabethtown Community Hospital (ECH) is committed to ensuring excellent patient care. In an effort to increase the ability of ECH and local EMS agencies to provide excellent care, ECH will operate a quality assurance/quality improvement (QA/QI) program. This program will review PCR's generated by local agencies and compare them to local protocols, hospital course of treatment, and final patient disposition to facilitate a feedback loop that improves patient care by local providers.

II. **Justification**

- A. Per Article 30, Section 3006 of the NYS PHL, EMS agencies are required to participate in a QA/QI program. The local REMAC (Mountain Lakes Regional EMS Council) is responsible for ensuring these requirements are fulfilled. Mountain Lakes REMAC has split QA/QI duties into several different catchment areas, including ECH, to perform QA and report back to the REMAC.
- B. Per NYS-Department of Health, DHDTC DAL 18-10, hospitals may disclose PHI as part of feedback to EMS agencies for the purpose of pre-hospital performance improvement.

III. **Goals and Objectives**

- A. The goal of the QA/QI program is to promote exemplary patient care and documentation throughout the ECH catchment area. The program will use actual patient care reports to improve documentation of minimum requirements, assessments, and treatments. The program will also use PCR's, in accompaniment with hospital records to exhibit patient care outcomes, as well as improvement recommendations.
- B. Data will be compiled to view trends in response information, treatments provided, disposition, and other topics. These trends may be used to improve system readiness.
- C. A comprehensive training program will be established based on results of the QA/QI program to improve provider competency and patient care.

IV. **Methods**

- A. The QA/QI program will consist of a committee formed by at least 3 ECH representatives knowledgeable in pre-hospital policies and emergency care, the Essex County EMS Coordinator, as well as at least one representative of each EMS agency involved in the ECH catchment area.

1. The ECH representatives shall consist of: (1) An active physician, preferably the ECH Emergency Department's Medical Director, (2) the ECH EMS Outreach director, (3) an active EMS provider employed at ECH. One of these members shall be credentialed as a paramedic CIC. Qualified alternatives may be designated by ECH.
 2. Each agency shall provide at least one field provider to attend the QA/QI meetings. Representatives should be certified EMTs or higher. ALS agencies are encouraged to have ALS representatives. Agency medical directors are encouraged to attend these meetings. Agencies shall have at least one alternate representative who may attend should the primary representative not be available.
 3. Any EMS personnel in the catchment area may attend the QA/QI meetings.
- B. The program shall have a coordinator. The coordinator shall be one of the ECH representatives.
 - C. The program will utilize a paramedic level CIC. The CIC will be responsible for overseeing the program's continuing medical education component.
 - D. The program shall have a secretary, appointed by the coordinator. The secretary will maintain meeting minutes. The secretary will solicit recommendations from the committee. The secretary will also be responsible for communications relating to the QA/QI program.
 - E. The coordinator will designate EMS providers within the catchment area to provide peer review at the ECH QA/QI level. These designees will compile data and additional information and report this information to the coordinator.
 - F. Agencies will provide in writing to the program coordinator and secretary who their primary representative is, as well as contact information including phone number; e-mail; and an agency mailing address. Agencies are encouraged to provide contact information for all alternate representatives.
 - G. Agencies shall sign an acknowledgement of understanding and participation agreement on a yearly basis.
 - H. The QA/QI program will have quarterly meetings. These meetings will occur at 1830 on the last Thursday of March, June, September, and December. Meetings will be held at the ECH Boardroom. Meetings may be rescheduled with notification by the program coordinator.
 - I. Representatives from each agency shall be present at each meeting, as well as all 3 representatives from ECH. If the primary representative is unavailable, an alternative shall be present.
 - J. Next quarter's topic will be announced at the quarterly meeting. The agency will have until the first Thursday of the month of the quarterly meeting to submit PCR's related to the quarterly topic. The agency representative will receive reminder notifications from ECH if PCRs are not submitted on time.
 - K. In addition to quarterly topics, participating agencies will submit all PCRs that include: cardiac arrest; major trauma; significant ALS with multiple

medications and/or invasive procedures; aeromedical transport; inability to utilize aeromedical transport; concerning or problematic calls; controlled substance use; calls that crew members request QA/QI review.

- L. Agencies must comply with the requirements of Part 800.21 in reportable instances to the state. A copy of the DOH BEMS Incident Report Form and any applicable PCRs shall be submitted to the QA/QI program.
- M. PCRs will be submitted to the ECH QA coordinator.
- N. It is recommended that each agency have their own internal QA/QI committee, rather than just a representative. This committee shall forward any PCRs they feel require extended review to the ECH QI program.

V. Flow of Information and Feedback Loop

A. Communication to ECH QA/QI Program

- 1. Applicable PCRs will be submitted by agencies to the ECH QA coordinator by the first Thursday of the month of the quarterly meeting.
- 2. PCRs will be collected for EMS transports to the two Elizabethtown Community Hospital campuses by ECH registration staff, and copies will be filed at ECH main campus for continuous review.
- 3. Program coordinator's designees will review PCRs and compile information and data, as well as provide feedback reports.
- 4. Patient satisfaction and hospital satisfaction reports may be utilized to observe outside aspects of calls.
- 5. ECH will provide information on hospital course of treatment and final disposition in regards to specific calls.

B. Communication to required parties

- 1. The program shall submit a quarterly report of activities to the REMAC by the 1st of the month in January, April, July, and October.

C. Feedback to agencies and providers

- 1. Agencies will receive feedback following quarterly meetings on general progress. Agencies are encouraged to reach out to the REMAC about ImageTrend EMS State Bridge.
- 2. The program will provide to the agency's respective medical directors a general report of deficiencies, excellence, and recommendations.
- 3. The program will provide incident feedback reports to providers on selected PCRs.
- 4. A CME will be presented at each quarterly meeting regarding the results of the previous quarter's meeting.
- 5. Following the discussion of a topic, cases related to topic will continued to be analyzed with statistics tracked and reported back to the agencies.

VI. Acknowledgement of Excellence

The program will publicly acknowledge excellence in documentation and care by providers. Providers will also be incentivized to attend QA/QI meetings with the presentation of CMEs, recommendations for regional and state awards, and decreased likelihood of litigation.

VII. Acknowledgment of Deficiencies

The program must review and acknowledge deficiencies in patient care. Corrective action may be mandatory for agencies and providers providing poor care. In some cases, medical directors may need to utilize NYS BEMS policy 14-01, EMS Patient Care Restriction. The QA/QI program may occasionally reach out to agency medical directors to recommend these restrictions.

VIII. Confidentiality

Use of PHI is crucial to achieve QA/QI goals. All PCRs and hospital medical records are considered PHI. All QA/QI program members, meeting attendees, and PCR reviewers will be held to the same privacy standards of care providers. **All forms, comments, recommendations, and actions of the QA/QI program are also confidential to within the organizations. These are protected under Public Health Law Article 39 Section 3006, Public Officers Law Article 6, and Civil Practice Law and Rules Article 31 and as such are not subject to disclosure in legal proceedings.** *In addition, all subjects and topics discussed at the meeting will remain confidential. Unless topics directly relate to provider or patient care issues within a member's agency, topics from other agencies will not be discussed outside the confines of the QA/QI committee meeting.*