



WESTCHESTER REGIONAL EMERGENCY MEDICAL ADVISORY COMMITTEE

POLICY STATEMENT

*Supersedes/Updates: 04-05 - Regional QI Guidelines for
Certified EMS Services*

No. 11 - 01

Date: January 27, 2011

Re: Regional Quality
Improvement Program

Pages: 7

Introduction

The primary goal of an Emergency Medical Services (EMS) system is to reduce death and disability from injuries and medical emergencies by providing timely, efficient and effective pre-hospital care to those in need. In order to ensure that our patients are receiving the best care available, we must routinely evaluate our standards of care and identify areas of strength and weakness. Evaluation is the essential process of assessing quality and, where necessary, developing and implementing programs for improvement. Assessment of the system's effectiveness, related costs, and patient outcomes is an essential part of a comprehensive EMS system evaluation. From a medical-legal perspective, such a program will reduce risk by reinforcing the delivery of appropriate patient care. Regional and state councils, hospitals, EMS provider agencies and affiliated personnel must play a lead role in the implementation of Quality Improvement (QI) in an effort to improve the EMS system.

In 2007 the New York State Department of Health, Bureau of EMS and the New York State Emergency Medical Services Council issued a workbook and guidance document titled "[Quality Improvement for Prehospital Providers](#)" to aid services and regions in developing and instituting a meaningful QI program. The Westchester Regional Emergency Medical Advisory Committee (REMAC) endorses these guidelines and has incorporated the information provided into policy in an effort to assist and coordinate Westchester Regional EMS system participants with the implementation of a collaborative and standardized QI process.

NY State QI Requirements for EMS Agencies

As outlined in Article 30 of the New York State Public Health Law, *every ambulance service and advanced life support first response service shall establish or participate in a quality improvement program, which shall be an ongoing system to monitor and evaluate the quality and appropriateness of the medical care provided by the ambulance service or advanced life support first response service, and which shall pursue opportunities to improve patient care and to resolve identified problems.* The quality improvement program may be conducted independently or in collaboration with other services, with the appropriate regional council, with an EMS program agency, with a hospital, or with another appropriate organization approved by the New York State Department of Health. Such a program shall include a committee of at least five members, at least three of who do not participate in the provision of care by the service. At least one member shall be a physician, and others shall be nurses, or emergency medical technicians, or advanced emergency medical technicians, or other appropriately qualified allied health personnel. The Quality Improvement Committee shall have the following responsibilities:

1. To review the care rendered by the service, as documented in pre-hospital care reports and other materials. The committee shall have the authority to use such information to review and to recommend to the governing body changes in administrative policies and procedures, as may be necessary, and shall notify the governing body of significant deficiencies;
2. To periodically review the credentials and performance of all persons providing emergency medical care on behalf of the service;
3. To periodically review information concerning compliance with standard of care procedures and protocols, grievances filed with the service by patients or their families, and the occurrence of incidents injurious or potentially injurious to patients. A quality improvement

program shall also include participation in the New York State Department of Health's pre-hospital care reporting system and the provision of continuing education programs to address areas in which compliance with procedures and protocols is most deficient and to inform personnel of changes in procedures and protocols. Continuing education programs may be provided by the service itself or by other organizations; and

4. To present data to the regional medical advisory committee and to participate in system-wide evaluation.

Additionally, agencies are required by 10 NYCRR Part 800 to report to the Department of Health NY City Area Office each of the following instances in which:

1. A patient dies, is injured or otherwise harmed due to actions of commission or omission by a member of the EMS agency;
2. An EMS response vehicle operated by the agency is involved in a motor vehicle crash in which a patient, member of the crew or other person is killed or injured to the extent requiring hospitalization or care by a physician;
3. Any member of the EMS agency is killed or injured to the extent requiring hospitalization or care by a physician while on duty;
4. Patient care equipment fails while in use, causing patient harm; or
5. It is alleged that any member of the EMS service has responded to an incident or treated a patient while under the influence of alcohol or drugs.

Recommendations for Establishing an Agency QI Plan

1. Determine if QI will be conducted independently or collaboratively;
2. Establish a QI Committee consisting of a minimum of 5 individuals, at least three (3) of who do not participate in the provision of care by the service. At least one (1) member being a physician and the others being nurses, EMT(s), AEMT(s), or other appropriately qualified allied health personnel;
3. Select an agency QI Coordinator;
4. Develop a written QI plan that includes the following:
 - a. Introduction;
 - b. Mission statement;
 - c. Justification;
 - d. Goals and objectives;
 - e. Methods;
 - f. Identification of benchmarks and monitors;
 - g. Flow of information; and
 - h. Feedback loop.

The EMS agency's QI plan should focus on service level activities such as:

- Time of call for help to patient contact;
- Accuracy of patient assessment;
- Appropriateness of care and skills proficiency;
- Compliance with existing triage, treatment, and transport protocols
- Appropriateness of time spent on scene;
- Appropriateness of destination hospital;
- Requests for diversion;

- Patient outcome; and
- Accuracy and completeness of Patient Care Reports

Collaboration with Hospital Emergency Departments and Services

Hospital emergency departments are a vital component of the EMS system. All hospital emergency departments are required to perform data collection and QI activities as designated by 10 NYCRR part 405.19. REMAC recommends all 911 Receiving Hospitals, as defined in the Regional Medical Control Plan, provide leadership and collaboration to local EMS providers and services in an effort to improve the community's total health care delivery system. REMAC requires all Medical Control Hospital Medical Directors:

1. Ensure adequate training and familiarity with REMAC QI Guidelines to all emergency department staff;
2. Monitor compliance with prehospital Patient Care Report (PCR) submission;
3. Promote continuous prehospital system and patient care improvement through educational and patient care review sessions;
4. Direct and facilitate on-going review of medical control system activities;
5. Communicate identified deviations to prehospital patient care protocols to the REMAC;
6. Provide feedback, to the extent possible, to designated EMS agency QI Coordinators regarding appropriateness of prehospital care and patient outcomes;

It is recommended that each Emergency Department designate an EMS liaison to coordinate prehospital and hospital QI activities.

Regional QI Program

To insure QI collaboration exists among all regional EMS system participants, a Regional QI Committee has been established. The Regional QI Committee is comprised of representatives of the Westchester Regional EMS Council (REMSCO), REMAC, Program Agency, hospitals, and EMS agencies. The REMAC requires that all EMS agencies identify a QI Coordinator to administer the agency QI plan and liaison with the Regional QI Committee. Regional QI Committee activities will focus on evaluation of regional EMS system efficiencies including, but not limited to:


1. Public access to EMS;
 - a. Dispatch coordination;
 - i. Priority dispatch criteria;
 - ii. Emergency Medical Dispatch instructions;
2. Systems status management and resource allocation;
 - a. Unit availability;
 - b. Response times;
3. Medical protocol compliance;
4. Standard operating policy and procedure compliance;
5. Prehospital patient care delivery:
 - a. Analysis of critical skills;
 - b. Length of hospital stay;
 - c. Comparison of prehospital impression to hospital diagnosis;
 - d. Comparison of prehospital presentation to outcome;
6. Cardiac arrest survivability;
7. Patient transportation delivery:
 - a. Hospital diversion;
 - b. Destination hospital selection;
8. Availability and necessity of educational opportunities.

The Regional QI Committee will conduct meetings at least once every six months or as more often as deemed necessary by the REMAC. The Committee will provide summary reports of all meetings to REMAC. REMAC will annually select mandatory region-wide review topics based on recommendations made by the Regional QI Committee. Statistical data collected and collated by the Regional QI Committee will be shared with all EMS agencies.

All ambulance services and ALS first response services operating in the Westchester region shall integrate QI activities with the regional QI program established by the REMAC and shall demonstrate participation by complying with the following:

1. The EMS agency executive officer and medical director shall engage in a collaborative agreement with REMAC outlining the requirements and conditions of the Regional QI Program;
2. The EMS agency shall maintain an updated copy of the agency's QI plan at the Regional EMS Office;
3. The EMS agency shall participate in any QI projects established by REMAC or required by the NY State Department Of Health, State Emergency Medical Advisory Committee (SEMACE), or State EMS Council (SEMACE);
4. The EMS agency shall make timely submissions of written QI reports to the Regional EMS Office in accordance with specific reporting instructions associated with any QI project implemented by REMAC;
5. The EMS agency shall use only REMAC approved QI documentation forms to record the necessary data determined by the Regional QI Committee.

Issued and Authorized by:



Dr. Nicholas DeRobertis, MD, FACEP
Chair, Westchester Regional Emergency Medical Advisory Committee

References

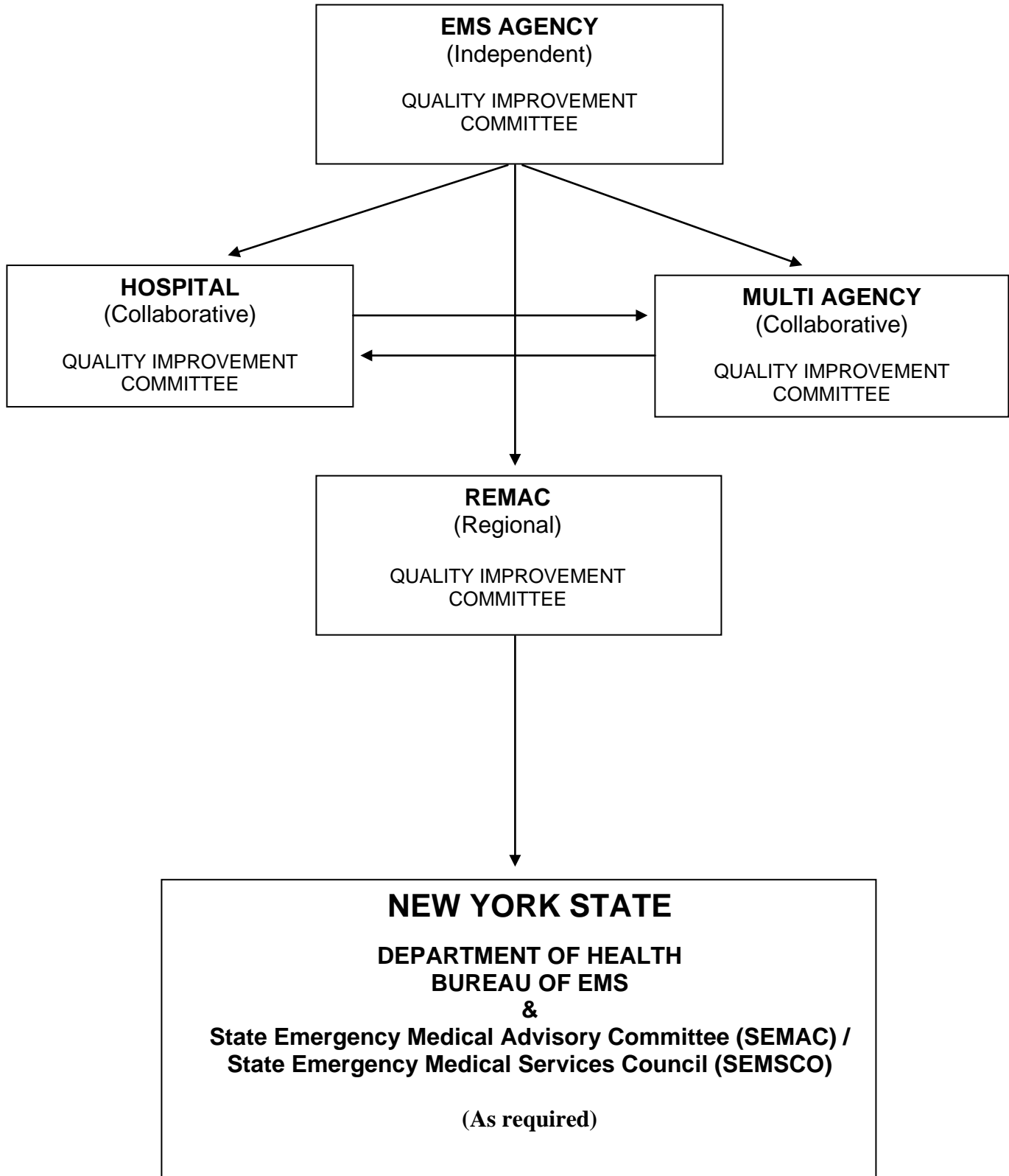
1. Article 30 and Article 30A of the State of New York Public Health Law, New York State Department of Health
2. 10 NY Code of Rules and Regulations part 405.19, New York State Department of Health
3. Quality Improvement for Prehospital Providers, New York State Department of Health, 2007.
4. New York State Emergency Medical Services Council, Emergency Medical Services Plan, New York State Department of Health, 1998.
5. U.S. Department of Transportation, National Highway Traffic Safety Administration, A Leadership Guide to Quality Improvement for Emergency Medical Services Systems, July 1997.

Attachments

- QI Flow Chart
- Collaborative QI Committee Agreement



Westchester REMAC Quality Improvement Flow Chart





Between a Westchester Regional EMS Agency and the Westchester Regional Emergency Medical Advisory Committee for Participation in the Westchester Regional Quality Improvement Program

The following agreement is made between _____
(Hereafter referred to as the EMS Agency) and the Westchester Regional Emergency Medical Advisory Committee (Hereafter referred to as REMAC) acknowledging the EMS agency's participation in the Westchester Regional Quality Improvement Program in accordance with approved Westchester REMAC policies and procedures. The following conditions for program participation are hereby agreed upon by the EMS agency and REMAC:

1. The EMS agency Executive Officer and Medical Director shall insure that the EMS agency's quality improvement activities are integrated with the Regional Quality Improvement Program by designating a representative of the EMS agency to coordinate the EMS agency's quality improvement plan which is required by Article 30 of New York State Public Health Law and collaborate with REMAC in accordance with approved REMAC policies and procedures;
2. The EMS agency Executive Officer shall identify the appropriate representative of the EMS agency responsible for coordination of the EMS agency's quality improvement activities and supply REMAC with appropriate contact information for said representative;
3. The EMS agency shall provide the REMAC with a copy of the EMS agency's QI plan and shall maintain an updated copy of said plan at the REMAC's officially designated place of business (a.k.a. Westchester Regional EMS Office);
4. The EMS agency shall participate in any quality improvement related projects established by REMAC or as may be required of REMAC by the NY State Department Of Health, State Emergency Medical Advisory Committee (SEMACE), or State EMS Council (SEMSCO);
5. The EMS agency shall make timely submissions of written reports to the Westchester Regional EMS Office in accordance with specific reporting instructions associated with any quality improvement project implemented by REMAC;
6. For the purpose of quality improvement data collection and reporting, the EMS agency shall use only REMAC approved documentation forms and/or mechanisms to record and communicate any necessary data determined by REMAC.
7. The REMAC shall make available to all EMS agencies written reports resulting from regional quality improvement meetings and/or focused studies as appropriate and shall provide quality improvement workshops as often as deemed necessary.

Confidentiality and Protected Health Information:

Both the REMAC and EMS agency acknowledge the use of protected health information is an essential component of the Regional Quality Improvement Program and is acceptable under the law when used in health care operations. As stated in 45CFR164.512: "A covered entity may disclose personal health information to a health oversight agency for said oversight activity authorized by law including audits; civil administrative or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative or criminal proceedings or actions; or other activities necessary for appropriate oversight in the health care system". The EMS agency, REMAC, and any duly authorized representative acting on behalf the EMS agency or REMAC are responsible, however, for ensuring that health information and a patient's identity are limited to bona fide QI activities required by statute, regulation, and policy.

Signature of EMS Agency Executive Officer	Date	Signature of Agency Medical Director	Date
Signature of REMAC Chairperson	Date	Date Received:	