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Regional EMS Performance Improvement Plan

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Rappahannock EMS Council EMS Performance Improvement Plan

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Purpose

The Regional EMS Performance Improvement Plan (PIP) exists to establish an organized Regional Performance Improvement Program to examine the care of pre-hospital patients. This program should include the monitoring and assessment of adherence to regional patient care protocols, EMS system issues, compliance with state and regional Trauma Triage Plans, education needs of EMS providers, and identification of and suggested resolutions to system and patient care issues. The PIP also serves to establish rules for the membership, function, and meetings of the REMS EMS Performance Improvement Committee.

The purpose of the Performance Improvement (PI) Committee is to evaluate and recommend improvements to the performance of the EMS agencies within the Rappahannock Emergency Medical Services (REMS) Council region as it relates to pre-hospital medical, system, and trauma issues.

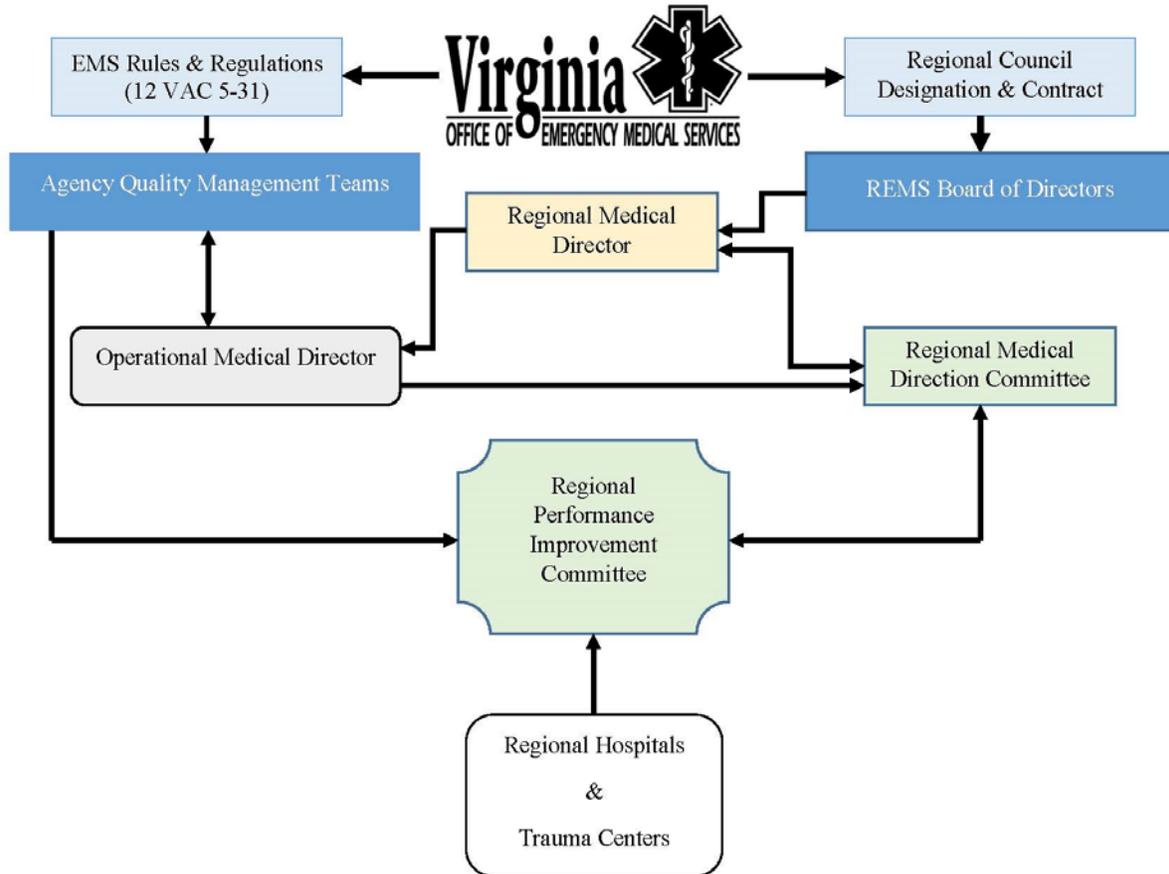
The Council's PI Committee will monitor EMS responses in the region to include run data, personnel or agency issues, and educational needs as brought to their attention through the quarterly PI agency reports, the Regional Medical Direction committee, area hospitals, and each agency's Quality Management Team. The committee reports and makes recommendations to the Regional Medical Direction committee.

Definitions

1. **Quality Assurance** (QA) is the retrospective review or inspection of services or processes that is intended to identify problems.
2. **Quality Improvement** (QI) is the continuous study and improvement of a process, system, or organization.
3. **Performance Improvement** (PI) is the desired outcome of applying effective QA/QI techniques to EMS issues.

Roles and Responsibilities

Although not all inclusive, this section establishes the expected roles and responsibilities of individuals and entities as they relate to implementing a successful Performance Improvement Program throughout the REMS region.



Virginia Department of Health, Office of EMS (OEMS) – Defines the minimum requirements for a Performance Improvement program. Requirements are established in both the EMS Regulations, as well as the Regional Performance Improvement Plan.

EMS Rules & Regulations – Establish the minimum criteria for a Performance Improvement program to be incorporated within each OEMS licensed agency.

Regional Council Contract – Establishes the minimum requirements for the regional Performance Improvement Plan to be enacted by the REMS Council.

Agency Quality Management Team - Responsible for implementing their agency's Quality Management Program, in conformance with Virginia EMS Regulation 12 VAC 5-31-600. Each agency is responsible for maintaining current contact information for their designated Quality Management representative with the council. Each agency is expected to focus on quality of data content for electronic reports supporting Council Performance Improvement projects.

Agency Operational Medical Director - Supervises respective agency's Quality Management Team, coordinates assessments and investigations of potential EMS performance issues within the scope of that agency's area of responsibility, receives recommendations from the REMS Performance Improvement committee on QI results pertaining to agencies under their direction, and participates as a member of the Regional Medical Direction committee.

REMS Performance Improvement Committee – Responsible for implementation of regional performance improvement requirements established within the regional council contract, as defined within the Regional EMS Performance Improvement (PI) Program. Maintains the contents of this plan. Establishes Performance Improvement Indicators, which are distributed to agencies. Collects data and performs analyses.

REMS Medical Direction Committee –Comprised of the Operational Medical Directors responsible for the quality of care provided by EMS. Has oversight over the Performance Improvement committee and may suggest quarterly indicators or bring Incident Review Requests to the direct attention of the PI Subcommittee. Results from Incident Review Requests are also reported to this committee, which may provide suggestions for changes to regional protocols, training, or other elements if necessary.

REMS Regional Medical Director – Provides focused medical leadership in the continued development of our EMS system. Participates in the development and implementation of an effective quality improvement program for continuous system and patient care improvement. Serves as an ad hoc member of the Performance Improvement Committee and chairperson of the Regional Medical Direction Committee. He or she is also available for feedback regarding patient care protocols, and may make recommendations to the committee as a representative of the Regional Medical Direction Committee.

REMS Board of Directors – Approval authority for this plan. Responsible for committee membership, as well as conformance to contractual obligations. Duties typically delegated to the council President and/or Executive Director.

PI Committee Primary Objectives

1. Establish and maintain a region-wide EMS Performance Improvement Plan in compliance with state guidelines. Review the plan annually, revising as needed.
2. Select topics and a schedule for Quarterly Performance Improvement. Perform analyses of data collected and produce reports.
3. Provide constructive feedback on performance improvement to EMS professionals within the REMS service area.
4. Provide assistance to council agencies upon request and assist them in complying with State EMS Regulations related to quality management reporting (12 VAC 5-31-600)
5. Meet at a minimum of once a quarter. This meeting will address general and trauma performance improvement issues, the review of EMS System, Trauma, and Patient Care related topics, and the review of PI reports.

Membership

Membership of the REMS PI Committee shall consist of individuals that embrace and work toward fulfilling the purpose and objectives of the Regional EMS Performance Improvement Plan.

1. All committee members shall be appointed by the Council President. The chairperson shall also be appointed by the Council President.
2. The Regional Medical Director shall serve as an ad-hoc member and represent the Operational Medical Directors in the REMS Council region (Regional Medical Direction Committee members).
3. There shall be seats on the committee for members representing each locality served by the Council.
4. There shall be a seat for a representative of Trauma Services from each designated Trauma Center within the region.
5. There shall be seats for members to represent hospitals from the council region.
6. There shall be a seat for representation from the Regional Guidelines and Training

Committee as well as the Protocol Subcommittee.

7. Membership on the committee shall be from the rolls of current field EMS providers representing both BLS and ALS in the REMS Council area.
8. Membership shall cover all recognized components of our system to include volunteer EMS, career EMS, commercial EMS, fire, and air medical services.
9. Every agency in the Council is encouraged to nominate members to the Committee to get a broad mix of providers and insight into practices.

Member Responsibilities

1. Each member shall maintain active participation in PI activities, defined as 75% attendance by the member or their representative over the course of the year.
2. Members of the PI Committee are charged with the responsibility of assuring that reasonable standards of care and professionalism are met within their respective EMS systems. Members are given the following responsibilities:
 - a. Should participate in REMS ongoing Quality Management (QM) Program which should include PPCR review audits and data collection
 - b. Maintain strict confidentiality of patient information, personnel, and QA topics
 - c. Provide constructive feedback to personnel when appropriate
 - d. Vote on any issues before the committee. Representatives sent in a member's stead may not vote on committee issues.
3. The Chairperson's responsibilities shall include:
 - a. Making final decisions and actions of the PI Committee
 - b. Drafting all letters of recommendation
 - c. Drafting all proposals for changes to policies, guidelines, and protocols
 - d. Scheduling regular meetings
 - e. Ensuring optimal attendance
 - f. Preparing meeting agenda
 - g. Ensuring committee minutes are prepared and submitted to the council office within 10 days of meeting
 - h. Acting as liaison to other EMS agencies and hospitals
 - i. Acting as liaison to the Regional Guidelines & Training Committee, the Regional Medical Direction Committee, and Protocol Subcommittee
4. In order to maintain the integrity of the PI Committee and protect patient and provider privacy, each member will maintain strict confidentiality at all times. Communication with other entities of the system is essential; especially when a problem is identified

within the system in areas such as skills competency, provider critical thinking, documentation, equipment, protocol deviation, or other general issues. It is the responsibility of this committee to inform the appropriate agency and solicit input for possible solutions. All reasonable efforts will be made to sanitize records and maintain patient anonymity when such communication occurs.

Regional EMS System Analysis: Performance Improvement

System Analysis is critical to the evaluation of REMS and our region's Operational Medical Directors who make up the Regional Medical Direction Committee. A broad look at what contributes to community health must include data from hospitals and prehospital agencies so comprehensive, effective care at the right time and at the right place can be ensured in each community. Accurate data can provide specific information about the health of our EMS System and individual communities, facilities, and about pre-hospital services.

1. The goal of Committee is to:
 - a. Design and implement PI indicators that are practical and are able to collect patient care statistics to evaluate system effectiveness and identify trends in patient care
 - b. Establish evidence based benchmarks to measure the REMS system effectiveness
2. Requests for data may be initiated by an OMD, the Regional Medical Direction Committee, the PI Committee, or other EMS agencies.
3. The committee, with input from the Medical Direction committee, will select or revise topics for concurrent PI indicators during each quarter. Topics shall focus on evidence based assessments related to the following NEMSIS Version 3 performance measurement areas:
 - a. Airway - Airway Management
 - b. Cardiac Arrest - Out of Hospital Cardiac Arrest
 - c. Pediatric - Acute Pediatric Care
 - d. Response - EMS Response Time
 - e. STEMI - ST Elevation Myocardial Infarction
 - f. Stroke - Acute Stroke Care
 - g. Trauma - Acute Injury / Trauma Care
4. Additional topics will be developed to provide performance assessment data to the other REMS committees in support of improving regional EMS effectiveness.
5. The Virginia Pre-Hospital Information Bridge (VPHIB) Report Writer (RW) will be the primary tool for developing Objective Quality Evidence (OQE) reports to support PI indicator projects. These same reports will be made available to agency representatives in support of their agency Quality Management program.
6. It is the responsibility of each REMS Council agency to designate and maintain a Performance Improvement Representative to communicate with the Council regarding PI and Incident Reviews.

Agency Quality Management Program Responsibilities

1. Each REMS agency shall maintain a Quality Management (QM) plan. The plan shall address both the agency QM approach as well as the agency's participation in the REMS PI Program. The PI committee shall maintain a Quality Management Program Plan template. This template shall be made available for each agency to tailor in updating their QM plan.
2. Each agency is expected to focus on quality of data content for electronic reports supporting Council Performance Improvement projects. Participation in REMS Regional PI Program satisfies regional PI participation requirements, but does not ensure compliance with state-mandated agency level Quality Management. Agency Quality Management programs are to exist in addition to participation in regional projects.

EMS Incident Review

The Regional Performance Improvement Program will utilize the EMS / Trauma Incident Review Form (Appendix A) in order to provide effective identification, analysis, and correction of issues that require an objective review. These reviews will be conducted by qualified, appropriate, and approved members of the PI Committee, and protected by a process which ensures confidentiality. This subcommittee is ad hoc, and membership is based on availability, with permanent appointment at the discretion of the Performance Improvement Committee chairperson.

When received, these requests first go to the agency's Quality Management (QM) Team for review and findings are forwarded to the Agency OMD (REMS will send a form and letter to each). The PI Committee will only review those cases referred to them by the agency or an OMD after this initial review, with the exception of requests submitted by the Regional Medical Director, Regional Medical Direction Committee, or requests the committee feel merit in-depth review.

It is important to note that the EMS Incident Review process is not intended to be punitive, but a means of discovering areas requiring improvement in our EMS system.

1. The PI Subcommittee may conduct an EMS Incident Review (EMSIR) that could include but not be limited to:
 - a. Protocol errors or variances
 - b. Extraordinary care incidents
 - c. Inappropriate physician orders
 - d. Inability to carry out physicians' orders
 - e. Any egregious or inappropriate care resulting in harm
 - f. Patient complaints

- g. Medication Box Errors
 - h. Other occurrences as deemed appropriate
2. Submission of an EMSIR Request
 - a. The EMS / Trauma Incident Review Form shall be made available and utilized by EMS agencies, hospitals and others to report significant events and untoward outcomes of general EMS responses.
 - b. The submission of one EMS / Trauma Incident Review Report is sufficient to initiate the review process.
 - c. Sources for these issues could be:
 - i. The PPCR Review process
 - ii. EMS providers
 - iii. Career or volunteer officers or supervisors
 - iv. Random audits or observations of the QA/EPI Committee
 - v. Health care facility staff
 - vi. Citizen or patient complaints
 - vii. Other agencies or jurisdictions
 - viii. REMS or the VA Office of EMS
 - ix. Provider self-reporting
 3. Each Incident Review Request will be assigned a tracking number to be referenced in all correspondence regarding said incident. This number will be assigned based upon the date of the receipt of the request and the order in which it was received (e.g., the first request received on January 1, 2025 would be assigned the number 01012025-01). The Council will track all activity involved in this review.
 4. If known, the personnel involved in the EMS / Trauma Incident Review will be notified by REMS within 72 hours after receipt.
 5. The EMS / Trauma Incident Review process may include:
 - a. A review of pertinent medical records including the PCR, Base Hospital HEAR recording and/or patient outcome data
 - b. A formal interview with involved personnel to review the facts may be arranged through the personnel supervisor
 - c. Any ancillary relevant records, i.e. dispatch recordings/transcripts
 6. The PI Subcommittee shall review all facts found during the review process, with the primary goal being identifying the root cause of the issue at hand (i.e. lack of knowledge or skills, limitation of resources, poor communications, conduct issue, etc.) in order to formulate recommendations to address said issue.
 7. The PI Subcommittee shall provide the results of the EMS / Trauma Incident Review and

recommendations or constructive feedback to resolve the patient care issue to the PI Committee. Recommendations may include:

- a. Changes to policies, procedures, or protocols, which will be forwarded to the Guidelines and Training Committee and the Regional Medical Direction Committee.
 - b. Changes in operational procedures or equipment
 - c. System retraining, individual counseling, individual knowledge and skills evaluation/refresher, and/or clinical monitoring
 - d. Commendations for individuals involved.
8. The PI Committee shall track all EMS Incident Reviews to identify trends within REMS system and make recommendations as needed based on subcommittee findings.
 9. The PI Committee may report any findings to the Rappahannock EMS Council or the Virginia Office of EMS that they feel violate the requirements set forth by the *Virginia Emergency Medical Services Regulations*.

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.

Federal Law

45 CFR 164.501 and 45 CFR 164.506 provide 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

EMS personnel are not required 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 healthcare 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.

Code of Virginia

§ 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 pre-hospital 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.

FORMS AND DOCUMENTATION

APPENDIX A

EMS/Trauma Incident Review Request Form attached for use by agencies in the council region to report concerns, track related performance improvement areas, advanced skills, or patient outcomes that require additional review. All forms containing incident data should be treated as Protected Health Information and handled using the secured document system in accordance with HIPAA standards.

APPENDIX B

EMS Incident Review Closure Form for use by agencies in the council region to report their response to an Incident Review Request to the council and the agency's OMD.