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# **Regional 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 includes 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 purpose of the Performance Improvement (PI) Committee is to evaluate and recommend improvements to the EMS system within the Rappahannock Emergency Medical Services (REMS) Council region as it relates to pre-hospital medical, system, and trauma issues. The Committee will establish performance assessment projects to assess structure, process, and outcome of topics to include Trauma, Airway, Cardiac Arrest, Pediatrics, STEMI, Stroke, and Response.

The Council's PI Committee will monitor EMS responses in the region. Monitoring may include run data, regional issues, or patient care issues that may indicate educational needs. The committee reports to the Board of Directors, and makes recommendations to the Medical Direction Committee and Guidelines and Training 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.
4. ***Objective Quality Evidence*** (OQE) Any statement of fact, either quantitative or qualitative, pertaining to the quality of a product or service based on observations, measurements, or tests which can be verified.

## 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, Regional Office of EMS (ROEMS)** – 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.

**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 EMS Physician** - 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 Assessment Projects to help guide regional improvement initiatives. Collects data and performs analyses.

**REMS Medical Direction Committee** –Comprised of the EMS Physicians responsible for the quality of care provided by EMS. May request regional assessment projects or bring EMS Shared Concern Requests to the direct attention of the PI Committee. Results from EMS Shared Concern 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 work plans. Duties typically delegated to the council President and/or Regional Director.

## **PI Committee Primary Objectives**

1. Establish and maintain a region-wide EMS PIP in compliance with state guidelines. Review the plan annually, revising as needed.
2. Establish and maintain ongoing performance assessment projects. 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 patient care issues, the review of EMS System 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 PIP.

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 EMS Physicians in the REMS Council region (Regional Medical Direction Committee members).
3. There shall be three seats on the committee for EMS Providers representing 1) an ALS Provider, 2) a BLS Provider, and 3) an open seat for any level, from any 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 two seats for members to represent hospitals from the council region.
6. Membership shall attempt to cover all recognized components of our system to include volunteer EMS, career EMS, commercial EMS, fire, and air medical services.
7. 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. Active participation is defined as 50% attendance or participation in Committee tasks 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 a

reasonable standard of care and professionalism are met within the EMS system.

Members are given the following responsibilities:

- a. Should participate in REMS ongoing Quality Management (QM) Program which should include ePCR review, Performance Assessment Projects, and audits
- b. Maintain strict confidentiality of patient information, personnel, and QA topics
- c. Provide constructive feedback to personnel when appropriate
- d. Participate in discussions and 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 proposals for changes to policies, guidelines, and protocols
- c. Scheduling regular meetings
- d. Ensuring optimal attendance
- e. Preparing meeting agenda
- f. Ensuring committee minutes are prepared and submitted to the council office within 10 days of meeting
- g. Acting as liaison to other EMS agencies and hospitals
- h. 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 Quality Improvement**

Quality improvement is critical to the evaluation of REMS and our region's EMS Physicians 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 the Committee is to:

- a. Design and implement PI assessment projects 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 EMS Physician, 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 assessment projects during each quarter. Topics shall focus on evidence-based assessments related to the following the current NEMSIS version performance measurement areas:
  - a. Airway
  - b. Cardiac Arrest
  - c. Pediatric
  - d. Response
  - e. STEMI
  - f. Stroke
  - g. Trauma
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 ESO Electronic Health Records System will be the primary tool for developing Objective Quality Evidence (OQE) reports to support PI assessment 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.

## **Regional Assessment Projects**

The PI committee will develop & maintain performance assessment projects for identified performance improvement measurements. The purpose of these projects is to develop and implement a data collection, measurement, and assessment strategy to generate Objective Quality Evidence (OQE) in support of selected topics.

Each plan will follow the performance improvement model of Structure – Process – Outcome. Measures will be developed using ESO EHR data, as well as additional data sources such as NEMSIS, to support performance assessments and/or comparisons. The PI Committee will periodically identify new projects as necessary, for either short term analysis or long-term assessment.

## **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 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 Shared Concern Review**

The Regional Performance Improvement Program will utilize the Shared Concern 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 go to the agency's Quality Management (QM) Team for review and findings are forwarded to the Agency EMS Physician (REMS will send a form and letter to each). The PI Committee will review those cases referred to them by the agency or an EMS Physician, or any other cases submitted by the Regional Medical Director, Regional Medical Direction Committee, or requests the committee feels merit in-depth review.

It is important to note that the EMS Shared Concern Review process is not intended to be punitive, but a means of discovering areas requiring improvement in our EMS system. The ROEMS encourages positive Shared Concern Review forms as well, to highlight exceptional providers or patient care.

1. The PI/IR subcommittee may conduct an EMS Shared Concern Review 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 errors
  - h. Other occurrences as deemed appropriate
2. Submission of a Shared Concern Review
  - a. The EMS Shared Concern 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 Shared Concern Review Form is sufficient to initiate the review process.
    - c. Sources for these issues could be:
      - i. The PPCR Review process
      - ii. EMS providers
      - iii. Random audits or observations of the PI Committee
      - iv. Health care facility staff
      - v. Citizen or patient complaints
      - vi. REMS or the VA Office of EMS
      - vii. Provider self-reporting
3. Each Shared Concern 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 Shared Concern Review will be notified by REMS within 72 hours after receipt.
5. The EMS Shared Concern Review process may include:
  - a. A review of pertinent medical records including the ePCR, 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 Shared Concern 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 Shared Concern Subcommittee shall provide the results of the EMS Shared Concern 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 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 the REMS system and make recommendations as needed based on committee 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 healthcare 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 Shared Concern 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 EMS Physician.