QUALITY MANAGEMENT PROGRAM

CONTINUOUS QUALITY IMPROVEMENT (CQI)
QUALITY ASSURANCE (QA)

CQI is the process by which we will continuously monitor the performance of our system as a whole, including comparison to “best-practices” benchmarks and other quality markers we may identify. QA is the process by which we will continuously monitor the performance of individual EMT’s and EMS agencies to assure compliance with both these protocols and generally accepted standards of care. These two processes are intertwined, inseparable, and operate in parallel with each other. There are four components in the continuous cycle of the CQI/QA process:

1. Data collection/auditing
2. Data reporting
3. Data review
4. Implementation of changes.

Each of these must be performed in a continuous and timely fashion to achieve the CQI/QA goals of the system. Continuous, active and rigorous CQI and QA are the responsibility of the designated Agency Quality Director (AQD) at each agency specifically. Oversight and monitoring of agency CQI and QA are the responsibility of the medical director and the Mesa County EMS Coordinator. The medical director requires and expects that the AQD at each agency will assume responsibility for all aspects of the quality of care provided by their agency and their providers. The medical director requires and expects that the AQD at each agency will be actively involved in the collection, analysis and reporting of agency and system data; and actively involved in the implementation of changes and discipline as needed. There will be regularly scheduled CQI/QA meetings with the Medical Director, EMS Coordinator, and all AQD’s (or their designee). This group will henceforth be called the CQI/QA Committee. Attendance of these meetings by all AQD’s, or their designee, is mandatory. Any agency AQD missing more than two monthly QA meetings in a calendar year will be out of compliance with this protocol.

POLICY

1. This policy establishes the MESA COUNTY EMS SYSTEM Quality Management Program pursuant to Colorado Revised Statutes §25-3.5-901 et seq. The Quality Management Program is designed to perform quality management assessments for the purpose of improving patient care and includes (i) quality assurance and risk management activities; (ii) peer review of emergency medical service providers; and (iii) other quality management functions. CRS 25-3.5-903(4)
2. It is the responsibility of the Medical Director to review treatment protocols and revise them as needed in accordance with CDPHE EMS Chapter 2 rules. CRS 25-3.5-203(5)
3. All participating agencies and individuals in the Mesa County EMS System shall participate in the CQI/QA process as set forth by the EMSMD.
4. Each agency will identify a single Agency Quality Director (AQD) to ensure the CQI/QA process is accomplished within that agency. More than one person may be used to achieve these quality goals. However, the AQD will be ultimately responsible for all aspects of quality, and compliance with the CQI/QA process, at their agency.
5. Any cases identified through patient, hospital or other concerns or cases identified through screening by the Quality Indicators will be reported to the EMSMD and/or AQD through methods such verbal contact, email, mobile devices, or incident reporting. 6 CCR 1015-3, 4.2.4
6. All activities (emails, etc.) related to quality management should be labeled as such, e.g. with “quality management” in the subject line to indicate that this communication is part of the QM process.
7. Providers or Agencies found to be in non-compliance with this protocol shall be treated according to the Due Process protocol.

8. All EMS providers who wish to participate in patient care activities are required to adhere to all requirements of the CQI program. This includes signing findings of disciplinary or peer review findings. Refusal to accept such findings will be grounds for immediate dismissal.

PROCEDURE

1. Data Collection/Auditing
   a. The EMSMD and CQI/QA Committee will review compliance with treatment protocols and prehospital medical care provided to patients through the regular review of Patient Care Reports according to Quality Indicators identified by the EMSMD.
      i. Quality Indicators may include but are not limited those identified Appendix B. CRS 25-3.5-203(5); 6 CCR 1015-3, 4.2.4.
      ii. Also see protocols 0020 and 0021 - Benchmarks
   b. Patient Care Reports (PCR's): Every PCR (100%) generated by EMS Providers will be reviewed and approved by the AQD, or their designee(s), for completeness (including appropriate SOAP note, checkboxes, Provider Impressions, procedures, etc.), deviations from protocols, deficiencies in patient care, deficiencies in charting, or any other deficiencies or deviations from the standard of care.
      i. All PCR's must be reviewed, amended if needed, and approved by the AQD or their designee within 30 days of the date the PCR was originally written by the provider.
      ii. The person approving the chart MUST electronically sign and date the PCR below the providers’ signature in the following format: “PCR reviewed and approved by (reviewers name) on (date)”. 
      iii. The AQD is solely responsible for this, and for updating High Plains to reflect which PCR’s have been reviewed.
      iv. No PCR will be considered complete in our system until signed in this fashion by the AQD or their designee.
      v. Once signed in this fashion, the AQD or the individual who approved the PCR are as responsible for the content and quality of the PCR as the original author.
   b. Other Data: There will be other regularly required data collection from each agency AQD. The specifics of this will be disseminated at the regularly scheduled CQI/QA meetings.
   c. The collection of data if required pursuant to section 25-3.5-704(2)(h)(II) is the responsibility of the agency for the collection of data if required by the state for continuous quality improvement.

2. Data Reporting
   a. Provider Protocol Deviations: The AQD will report any Level I or Level II deviations, or any other significant issues, events or deviations from the generally accepted standard of care, to the Medical Director in a manner delineated in the Due Process protocol.
   b. CQI/QA Data Reports:
      i. There will be regularly required data reports from each agency AQD.
      ii. The specifics of this will be disseminated at the regularly scheduled CQI/QA meetings.
      iii. Generally these will be related to “best-practices” benchmarks, other quality markers, or other areas of importance to the CQI/QA process.
      iv. It is the EMSMD’s expectation that all AQD’s will be regularly generating reports summarizing “best-practices” benchmark and other important
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Quality measures, for their own internal reviews of their agencies performance and Quality.

c. Controlled Substance Reporting: This section will be kept until the final rules for the new DEA agency licensure have come out.
   i. Each agency will keep a running inventory of all controlled substances.
   ii. This inventory must be updated at least every 30 days, by the 10th of the month following the inventory month.
   iii. All agencies must follow all DEA reporting requirements as well.
   iv. Only DEA 222 forms (narcotics) and the EMSMD approved Schedule IV form (benzodiazepines) may be used to fill prescriptions- each must be signed by the EMSMD.
   v. A completed copy of each 222 or Schedule IV Form must be returned to the EMSMD for each prescription.

d. Other: Other CQI/QA data reporting may be required by the EMSMD, as needed.

3. Data Review
   a. Provider Protocol Deviations: The AQD is responsible for an immediate, full and complete investigation of all Level I, Level II and Level III deviations according to the Due Process protocol.
   b. CQI/QA Data Reports:
      i. These will be reviewed at the regular CQI/QA meetings.
      ii. CQI/QA reports/data/issues will be presented by the EMSMD, and by individual AQD’s, as requested.
      iii. AQD’s will be expected to know, and be able to explain, their agencies data.
      iv. Problem areas will be identified, discussed and plans for system-wide, agency specific and/or provider specific improvement will be formulated.
      v. At times and places there may be other CQI/QA meetings called by the agencies, the Medical Director or both.
   c. Controlled Substance Inventories:
      i. These will be reviewed by the EMSMD on the EMS website.
      ii. Any deficiencies will be discussed at the CQI/QA meeting.
   d. Other: Other CQI/QA data reports will be reviewed as needed.

4. Implementation of Changes to Improve Quality
   a. Protocol Review/Modification: Determinations may be made that policies or protocols need to be added, deleted, or modified.
   b. Education: Areas where additional education of providers or agencies will be identified and educational programs implemented.
   c. Discipline: Specific instances with specific Providers or Agencies will be dealt with via the Disciplinary Procedures protocols.
   d. Other: Other circumstances may require other types of changes and improvements, as prescribed by the committee or the EMSMD.

5. When a corrective action is taken for identified systems or provider issues, the effectiveness of the corrective action will be assessed through a focused review by Medical Director and/or AQD in a timely manner that is appropriate for the issue identified in order to reevaluate the effectiveness of the action. This assessment will also evaluate how to provide loop closure to the EMS provider, agency, or system involved.

6. Peer review of emergency medical service providers, including review of their qualification and competence and quality and appropriateness of patient care
   a. It is the responsibility of the EMS Agency to ensure that the agency’s EMS providers have maintained appropriate certification with the state.
   b. Continuing competency of the performance of the agency’s EMS providers will be assured by
      i. Observation of skills. 6 CCR 1015-3, 4.2.4; 6 CCR 1015-3, 4.2.6; 4.2.8. See the Ongoing Education protocol.
      ii. Continuing medical education. 6 CCR 1015-3, 4.2.4 See the Ongoing Education protocol.
iii. Regular review of the quality and appropriateness of patient care. This may be achieved by review of the Patient Care Reports according to the Quality Indicators identified by the EMSMD and/or the CQI/QA committee according to the time frame defined by the Medical Director as well as response to issues identified by patients, hospitals or others. CRS 25-3.5-203(5); 6 CCR 1015-3, 4.2.4.

c. In addition, a true peer review system has been established. PCRs, both for questionable and exemplary care may be submitted for review by a group of EMS providers currently active within the Mesa County EMS System.
   i. Care which has Level I or Level II deviations and has entered the Due Process procedures will not be included.
   ii. Charts will be blinded as much as possible.
   iii. Charts will not be reviewed by members of same agency as author.
   iv. Findings will compiled and distributed to the EMSMD, author and author’s agency.
   v. Results of findings will not be used for discipline findings on an individual basis. However, findings will be kept in provider’s file and a preponderance of adverse findings will be reviewed.

FIRST RESPONSE AND NON-EMERGENT AGENCY PROCEDURE

The following CQI/QA requirements apply to any First Response and Non-Emergent Agencies:

1. An AQD shall be appointed.
2. Attendance at monthly CQI/QA meetings is suggested, but not required.
3. CQI/QA meeting minutes shall be forwarded to the AQD.
4. The AQD shall still be responsible for dissemination to all providers, and implementation of, all policy changes and other information coming from the CQI/QA committee.
5. Data collection, reporting and review shall occur as directed by the EMSMD.
6. All other aspects of the MESA COUNTY EMS System QM Program shall be enforced.

STANDBY AGENCY PROCEDURE

1. Only entities and agencies which have applied for, and been granted, a Standby Permit through the Mesa County EMS Coordinator are considered Standby Agencies for these protocols.
2. ANY EMS provider providing patient care and assessment under the EMSMD’s medical license for an approved Standby Agency must abide by all guidelines and restrictions in the Non-EMS-Agency Event Medicine protocol.
3. For approved Standby Agencies operating recurring or ongoing events, the roster, reporting, record keeping, documentation and refusal requirements, as delineated in the Non-EMS-Agency Event Medicine protocol, MAY be adjusted by the EMSMD.
   a. This will be handled on a case-by-case basis.
   b. Any changes to the requirements of the Non-EMS-Agency Event Medicine protocol between the Standby Agency and the EMSMD will be in writing.
   c. If the agency does not have a written letter from the EMSMD altering the requirements of providers for Non-EMS-Agency Event Medicine, then ALL the stipulations of the Non-EMS Agency Event Medicine protocol apply to the Standby Agency and any EMT’s staffing their event(s).
4. Any CQI/QA data collection or review requirements for approved Standby Agencies will be determined on an Agency-by-Agency basis. Continued permitting as a Standby Agency is contingent on the Agency meeting all CQI/QA requirements imposed by the EMSMD.