

PURPOSE

Section 64J-1.004(4)(b), F.A.C. mandates that each EMS Provider have a quality improvement program approved by the EMS Medical Director. This program is designed to monitor performance, detect weaknesses, and implement remedial measures when indicated. The overall goal of our quality improvement programs is to assure that the medical care delivered by our personnel meets or exceeds the standard of care.

DEFINITIONS

Medical Quality Issue: Any deviation from protocol, policy, standard of care or reasonably expected performance that may potentially, or may have, unfavorably influenced patient care or outcome.

Quality Improvement Program: Our system of establishing standards of care, monitoring the success of our personnel in meeting such standards and correcting unwarranted deviations from such standards.

Remediation: A process implemented in response to recognition of a system-wide or individual deficiency and designed to correct such deficiency.

Standard: An acknowledged measure of comparison for quantitative or qualitative value. Examples are *SCFD Protocols* and the *American Heart Association Guidelines for CPR and ECC*.

Quality Improvement Committee: A committee is tasked with management of the quality improvement program consists of EMS management, EMS Operations Captains, EMS QI Coordinator, and the Medical Director. Meetings will be held on a regular basis, at an interval consistent with run volume and number of cases of interest. Special QI committee meetings may be held at the discretion of EMS Chief or EMS Medical Director.

POLICY

1. A quality improvement plan is submitted to the Medical Director for approval on an *annual* basis. The plan must specify committee composition and meeting dates.
2. Quality improvement committee proceedings, minutes, records, findings, and investigations are strictly confidential and are not subject to discovery or introduction into evidence, pursuant to F.S. 401.425(5). Quality improvement committee records and documents will be maintained for a minimum of five years. They will be marked *Confidential Quality Improvement Material* and must be kept in a locked file.

Sarasota County Fire Department

#022 – QUALITY IMPROVEMENT PROGRAM

3. Each EMS Patient Care Report must be screened for completeness and accuracy by utilizing an automated software solution to accomplish this task in lieu of direct inspection of each report. The emphasis of EMS Patient Care Report screening will be (a) to assure compliance with policies, procedures, and protocols and (b) to assure accuracy of content, completeness, and legibility.
4. Reviewers may refer cases to the EMS quality improvement committee for review.
5. Mandatory QI Committee Referral will be conducted in the following cases: To be submitted through ePCR software with Quality Assurance label to the EMS Operations Chief, Medical Director, and QI Coordinator. If formal review is needed, the EMS Captain will follow QA Procedures as outlined and submit appropriate paperwork.
 - a) Unrecognized esophageal intubation
 - b) Inability to perform endotracheal intubation after chemical paralysis
 - c) Pediatric airway management
 - d) Cardiac arrest after intubation
 - e) Pediatric cardiac arrest
 - f) Pediatric trauma alert
 - g) Performance or attempt to perform surgical cricothyrotomy (adult)
 - h) Performance or attempt to perform needle cricothyrotomy (pediatric)
 - i) Chemical paralysis after intubation without use of sedation
 - j) Needle decompression
 - k) Transport of active cardiac arrest
 - l) Utilization of LTOWB
 - m) Utilization of ultrasound
 - n) Childbirth/newborn delivery
 - o) Any other performance measure or standard determined by the EMS Medical Director and/or the EMS Chief.
6. The Patient Care Report, narratives, EKG rhythm strips, dispatch tape (if needed) and outcome information (hospital, trauma center, medical examiner) should be available as determined to be applicable.
7. Cases presented to quality improvement committees will be reviewed in appropriate detail and in the context of field conditions. Following deliberation, the case may be:
 - a) Referred back to the presenter for further investigation.
 - b) Referred to the EMS Medical Director for outcome investigation.
 - c) Approved, without reservation, and the case closed.

Sarasota County Fire Department

#022 – QUALITY IMPROVEMENT PROGRAM

- d) Approved, with reservation, and re-education/remedial action recommended.
 - e) Referred to administration for review.
8. Re-education/remedial action recommended by a quality improvement committee will be the responsibility of the EMS Operations Captain under medical direction. EMS Medical Director and Assistant Chief EMS.
9. Field observations will be performed periodically by the EMS Medical Director and/or Associate Medical Director and department administrative personnel. Field observations provide another means of assessing effectiveness of policies, procedures, and protocols. Additionally, field observations allow assessment of the interaction of EMS personnel with patients, families, and other healthcare professionals.
10. Customer satisfaction survey results should be shared with EMS personnel who cared for the patient. EMS administrative personnel should investigate survey responses below accepted standards. Results of customer satisfaction surveys may be discussed at EMS quality improvement committee meetings.

PROCEDURES

- A. A determination will be made for the need of a Quality Improvement Plan after a thorough review of issues identified from the following possible sources (but not limited to):
- a. Routine review or patient care reports
 - b. Concerns reported by supervisory staff
 - c. Care issues brought forward by Resource Hospital personnel or any other healthcare professional or agency
 - d. Performance concerns noted during EMS training sessions
 - e. Direction from the Medical Director
 - f. Care issues reported by patients or patient advocates and confirmed with documentation
- B. QA request received
- a. *Interagency*: QA form will be received via secure fax at 941-861-5049 or secure email (Requests for review will not be processed if they are not on the official *INTERAGENCY CASE REVIEW FORM*).
 - b. *Internal*: (Image Trend email is acceptable for secure correspondences relating to request) QA concern must be emailed via Image Trend and marked 'Quality Assurance.' Recipients must include Medical Director, EMS Assistant Chief, Quality Coordinator, and other applicable shift Captains.
 - c. QA Case review requests received less than **10 days** prior to the next QA Committee meeting will be held until the following meeting date.
- C. *Interagency*: The EMS Quality Coordinator will provide a copy of the request form to the Medical Director and EMS Chief. The requests shall be provided to the Medical

Sarasota County Fire Department

#022 – QUALITY IMPROVEMENT PROGRAM

Director and EMS Chief no more than **5 business days** from their receipt via secure fax/email or interoffice mail.

- a. The form will be sent via HIPAA compliant email to Dr. Frank.
- b. A copy of the form will be provided to EMS Chief.

Internal: Medical Director and EMS Assistant Chief will confirm receipt of request.

- D. The Medical Director and EMS Chief will review the request and the ePCR to determine whether the case requires formal Medical Director/QA Committee review, operational/disciplinary review, or both.
- a. *Interagency:* If the Medical Director and EMS Chief determine that formal QA Committee review is not indicated, a formal reply will be sent to the requesting party and signed by the Medical Director.
- E. If formal QA Committee review is indicated
- a. *Interagency/Internal:* The EMS Quality Coordinator will be asked to include the case on the upcoming meeting's agenda. The EMS Quality Coordinator will assign the case to the appropriate EMS Operations Captain(s).
 - b. *Interagency/Internal:* The EMS Captain will have **3 shifts** or **10 days** to complete their Investigation including any applicable statements and/or other material if requested. Statements and any other needed documentation needs to be submitted the **Thursday prior** to the Monthly QA Meeting. **If EMS Captain is unable to meet this deadline, a written explanation will be sent to the QI Coordinator for the EMS Operations Chief to review.
- F. *Interagency:* Once the QA review has been conducted and the Medical Director and EMS Chief have closed the case, a formal reply will be sent to the requesting party indicating that we have reviewed the case and made corrective measures if indicated. This letter will be signed by the Medical Director.
- a. The goal for replying to requesting party will be **6 weeks** from date of receipt.
- G. *Internal:* If a Remediation Plan is decided on by the Medical Director and EMS Operations Chief after a formal QA Review, the *Part B Remediation Form* will need to be completed including all applicable documentation and signatures.
- a. Deadline: 2 shifts after meeting will have plan approved by EMS Operations Chief and meeting set up with personnel to review Remediation Plan.
 - b. Deadline: The goal for completed Remediation is the next QA Meeting, however, certain circumstances will be taking into consideration (e.g., scheduled vacation) and extension will be allowed on a case-by-case basis.
 - c. If unable to meet this deadline, a written explanation will be sent to the QI Coordinator for the EMS Operations Chief to review.
- H. EMS Operations Captains: These documents will be located on the Teams channel marked 'EMS Captains.'
- I. Confidentiality must be maintained throughout process (e.g., CONFIDENTIAL watermark, interoffice mail, secure fax/email).
- J. If negligence is found, case will be referred to EMS Operations Chief.

REMEDIATIONS

The need for remediation will be determined after a thorough investigation by the EMS Quality Improvement Committee.

In the event a performance issue is found, the Medical Director and Chief of EMS Operations will assign a remediation to the applicable EMS Captain. The Chief of EMS will immediately notify the employee and modify their level of patient care status as indicated. In the case of a Paramedic-In-Charge (PIC), the PIC will **not** incur a change in specialty pay incentive but will not be allowed to function as a PIC within the department until remediation has been successful and completed.

The assigned EMS Captain is responsible to coordinate and perform the assessment. The following are examples of possible remediation plans:

- Cardiopulmonary protocol related concern
 - ACLS Test including rhythm recognition
- Medical or Trauma protocol related concern
 - Protocol Test
 - Scenario(s)
- EMS Skill or policy / procedure knowledge related concern
 - Procedure / Skills Test
 - Scenario(s)
- Other EMS-Related concern
 - Written Assessment
 - Practical Assessment

REMEDIATION PLAN MATRIX

The Medical Director and EMS Chief of Operations will determine the final remediation plan.

Level 1 – *Single, non-egregious deficiency remediation*: Remediation under Level 1 will be comprised of focused training dealing with a single issue such as skills. The employee will receive a comprehensive written remediation plan which will outline the procedures and training to address the deficiency, including up to 4 shifts riding with a department approved FTO.

Level 2 – *Multiple deficiency remediation*: Remediation under Level 2 will address deficiencies identified in multiple areas, such as skill, and knowledge of

Sarasota County Fire Department

#022 – QUALITY IMPROVEMENT PROGRAM

the protocols. The employee will receive a comprehensive written remediation plan, including up to 8 shifts riding with a department approved FTO.

Level 3 – Egregious remediation: Remediation under Level 3 will address egregious deficiencies identified by the QA Committee. The employee will receive a comprehensive written remediation plan comprised of the current, full Field Training Program as outlined by the Department and approved by the Medical Director. Egregious acts are those the Medical Director deems as harmful to the patient or public and/or places the Department's or the Medical Director's license at risk for liability.

REMEDATION OUTCOME PROCEDURES

If any employee does not complete the remedial training or refuses the remedial training, this will be considered a voluntary relinquishment of their Paramedic-In-Charge (PIC) Status.

At the completion of the remediation period, the assigned EMS Operations Captain will report the outcome to the EMS Operations Chief to be signed off, forwarded to Quality Coordinator and closed. The EMS Operations Chief and the Medical Director will be responsible for determining the final status recommendation to the department. Recommendations may include:

1. Reinstatement of full Paramedic-In-Charge Status
2. Referral to the Training Committee (JATC)
3. Extension of time to meet requirements
4. Counseling
5. Recommendation to the State for revocation of certification
(Completed by Medical Director)