

**MIDSTATE  
EMERGENCY  
MEDICAL SERVICES**



# REGIONAL CQI MANUAL

## **MISSION STATEMENT**

Under the direction of the Midstate Regional Emergency Medical Advisory Committee (REMAC), the Midstate Region Continued Quality Improvement (CQI) Program will develop, maintain and enhance the quality of pre-hospital care within our Region.

## **PURPOSE**

It is the intent of the Regional CQI program to support all levels of the quality improvement process. The goal of the CQI Program is to ensure the highest quality pre-hospital care possible in accordance with Public Health Law Article 30, Section 3006.

## **AUTHORITY**

The activities, guidelines, and requirements in this manual are written in accordance with and within the authority of the regulations listed below. Copies of each are included in the back of this manual for reference.

1. New York State Health Law Article 30, Section 3006
2. Codes, Rules, and Regulations of the State of New York 405.19 (c8, f1, and f3)
3. New York state Education law 6527 Special Provisions

## INTRODUCTION

The primary goal of an Emergency Medical Services (EMS) System is to reduce death and disability from injuries and or illness. As research continues into the impact that pre-hospital care has on the ultimate outcome of patients, the need to evaluate the quality of the care that we as individuals and organizations provide becomes paramount. However, because EMS does not exist in isolation, care must be evaluated as it relates to the healthcare system within the Midstate Region.

Healthcare is a dynamic field constantly in a state of change. New discoveries and new technologies are constantly on the horizon. This is especially true in the field of EMS. In order to ensure patients are receiving the best care that can be provided, standards of care must be routinely evaluated to identify areas of strengths and weaknesses.

Continuous Quality Improvement (CQI) is a program of systematic evaluation to ensure excellence. Instead of asking "Who caused this to happen?" CQI asks, "What is wrong with the process that caused this to happen and what can be done to improve the system?"

A quality improvement program has several components. These are case reviews, evaluation of indicators, tracking and evaluation of the program. CQI also evaluates concerns and recognizes excellence.

To meet the requirement of Article 30 Section 3006 every Ambulance and ALS First Response Agency must participate in the CQI process. The preferred method is to follow the recommendations and guidelines included in this manual.

Notwithstanding any other provision of the law, none of the records or documentation or committee actions or records required pursuant to section 3006 of Article 30 shall be subject to disclosure under Article 6 of the public Officers Law or Article 31 of the Civil Practice law and Rules, except as provided in any other provision of law. No person in attendance at any quality improvement committee shall be required to testify as to what transpired thereat. The prohibition related to disclosure of testimony shall not apply to the statements made by any person in attendance at such meeting who is a party to an action or proceeding, the subject of which was reviewed at the meeting. Prohibition of disclosure of information from the pre-hospital care reporting system shall not apply to information which does not identify the Ambulance Agency or individual. Any person in good faith and without malice provides information to further the purpose of this section or who, in good faith and without malice participates on the agency, county and or regional quality improvement committee shall not be subject to any action, civil damages or relief as a result of such activity.

Quality improvement activity is a means to guarantee continuous quality of care to patients, educational programs for providers and a means for identifying areas of concern before they become problems. CQI requires the cooperation of all EMS providers from first responders to the New York State EMS Council (SEMAC). It must recognize common needs for education, structured feedback, professionalism, mutual respect and above all, CONFIDENTIALITY.

## Standards

The activities, tasks, and decisions made in the course of the CQI process are guided by the following standards.

1. New York State Health Law Articles 28, 30, and 30A
2. New York State Emergency Medical Services Code Part 800
3. New York State Department of Health Pre-Hospital Treatment Protocols
4. New York State EMS Collaborative Protocols
5. New York State Department of Health Policy Statements regarding EMS
6. New York State CQI Manual
7. New York State SEMAC Advisory Statements regarding EMS

***When specific medical standards are not available, the Regional Medical Director shall provide needed guidance.***

The Midstate Regional CQI Program, operating as a subcommittee of the REMAC, has set forth the following requirements and guidelines specific to each level of the CQI process. This two (2) tier system consists of agency and regional levels. This program will focus on ways to improve pre-hospital care rather than to administer discipline and criticism. Also included in these guidelines, is a process for appealing decisions made at each level of the CQI program.

#### **AGENCY LEVEL CQI**

**The agency level is the primary level of the CQI program. The majority of CQI activities will occur at this level. Each agency is encouraged by this**

**region to have a CQI committee. The agency level CQI committee may only set educational corrective actions for a provider.**

### **Membership Composition:**

The agency level CQI committee should consist of at least three (3) people. The following should be represented at this level: Basic Life Support (BLS) providers, Advanced Life Support (ALS) providers, and drivers. The highest level of certification of that agency should be represented. It is recommended that the agency Director **NOT** sit on the agency CQI committee.

A quorum shall consist of a minimum of three (3) people (except for unusual circumstances), and at least one (1) member must be a provider of the highest level of certification provided by the service.

### **Meeting Frequency:**

Agency level CQI committees should meet at least every other month and shall not meet less than four (4) times a year. Nonscheduled additional meetings to address patient care concerns should be conducted as needed. Serious issues need to be reviewed not more than thirty (30) days from the date the issue was initially reported.

### **Meeting Content:**

Each meeting should consist of the following agenda items:

- Reading of the confidentiality statement
- Discussion of emergent patient care concerns
- Recognition of good patient care practice
- Review of Pre-Hospital Care Reports (PCR's) in accordance with county and regional request
- Follow up discussion of any open reviews
- Ongoing PCR reviews-suggested but not limited to the following:
  - *Pediatric Transports*
  - *Cardiac Arrest / Obvious Death*
  - *Multiple Trauma*
  - *Shock of any origin*
  - *Unconscious-Unknown Cause*
  - *Heart Rate Less Than 60 or Greater Than 120*
  - *Blood Pressure Greater Than 160/90 or Systolic Blood Pressure Less Than 90*

- *Respirations Greater Than 28 or Less Than 12*
  - *Agency / Provider / Patient / Family / Hospital Complaint Turned In*
  - *Protocol Deviation*
  - *Glasgow Coma Score Less Than 13*
- Review of the medical control actions associated with the above listed
  - Review of dispatch / pre-arrival instruction / communication activities and actions
  - Establish and or provide continuing educational programs for system improvement

**Record Keeping:**

The information required being collected and maintained, including information from the PCR shall be kept confidential and shall not be released except to the department or pursuant to section 3004-A of Article 30. All records pertaining to the CQI process must be kept in a separate locked and secured file away from all other agency records (employee files, etc.). There will be no release of records per Article 30 section 3006.

**Individual Call Reviews:**

Documentation of the individual call reviews must be detailed and specific. This documentation must be kept in the locked file with other CQI related records.

**Breach of Confidentiality:**

Any breach of confidentiality will result in a review by the Regional CQI Committee for determination of action. These situations will be reviewed on a case by case basis and could result in removal from CQI activities and restriction of privileges to practice in this region.

**Appeal Process:**

If an individual provider disagrees with the educational corrective action set by the agency CQI committee, he or she may appeal this decision in writing to the regional level within thirty (30) days of the decision. The regional CQI committee will decide if the issue is appropriate for them to review.

Agency CQI issues that cannot be resolved at the agency level will be referred to the Regional CQI Committee for review.

**The following needs to be referred immediately to the Regional Clinical Coordinator for review:**

- Esophageal Intubations
- Practicing medicine without a license
- Patient abandonment issues
- Situations that might immediately place patients in danger

**The following will necessitate review by the Regional CQI Committee:**

- A provider has two (2) agency call reviews in one (1) year that may or may not require educational corrective action.

**The following are reportable to New York State Department of Health:**

- Noncompliance with Part 800.15
- Noncompliance with Part 800.16
- Patient dies, is injured, or otherwise harmed due to actions of commission or omission by a member of an Ambulance or Advanced Life Support First Response Agency (ALSFR.)

**REGIONAL CQI LEVEL**

**The Midstate Regional CQI Committee is the secondary level of the Midstate Regional CQI Program and is a requirement of REMAC and the Midstate Regional Emergency Medical Services Council (REMSCO). Resolution of concerns brought to the attention of the Regional Clinical Coordinator will be answered in writing. The written answer will be non-specific to the individual or the educational corrective action.**

**Regional CQI Committee Membership Composition:**

The Regional CQI Committee shall consist of no less than the following:

- The Midstate Regional Medical Director
- The Midstate EMS Clinical Coordinator
- (1) ALS provider in good standing with the region
- (1) BLS provider in good standing with the region
- (1) Hospital representative
- (1) EMS Certified Instructor Coordinator (CIC) in good standing with the region

The committee chairperson will be recommended by the group and approved by the REMAC.

**Regional CQI Committee Membership Removal Process:**

Members of this committee must support all levels of the CQI process. Any member can raise an issue of no confidence to the Regional CQI Committee to the REMSCO regarding any other member of this committee and request a vote. The results of this vote may result in a member's removal from the committee.

**Meeting Frequency:**

The Regional CQI Committee shall meet in a timely manner whenever a request to review is submitted. This committee shall meet no less than every other month unless an urgent patient care issue arises that require immediate attention.

**Meeting Content:**

The Regional CQI Committee will review the overall performance of the system by:

- Developing / measuring / analyzing CQI indicators using the results of this data to make recommendations to the REMAC for system, protocol changes and educational programs.
- Reviewing Agency CQI activity
- Reviewing quality of care issues that have a potential agency, county or regional effect.
- Identify providers and or agencies that demonstrate excellence.

Agenda items should include the following:

- Reading and signing off on the confidentiality statement
- Review of emergent patient care concerns
- Follow up discussion of any open reviews
- Recognition of good patient care practice
- County CQI reports
- Hospital reports
- Old business
- New business

### **Record Keeping:**

The information required to be collected and maintained; including information from the Pre-Hospital Care Report shall be kept confidential and shall not be released except to the department or pursuant to section 3004-A of Article 30. All records pertaining to the CQI process must be kept in a separate locked and secured file. There will be no release of records per Article 30 section 3006.

### **Individual Call Reviews:**

Documentation of individual call reviews must be detailed and specific. This documentation must be kept in the locked file with other CQI related records.

### **Breach of Confidentiality:**

Any breach of confidentiality will result in a joint review by the Midstate Regional CQI Committee and the Midstate REMAC. These situations will be reviewed on a case by case basis and could result in removal from CQI activities and restriction of privileges to practice within the region.

### **Appeal Process:**

Any individual provider, agency, or county that disagrees with the educational or disciplinary action set forth by the Midstate Regional CQI Committee may appeal this decision in writing to the REMAC within thirty (30) days of the decision.

Regional CQI issues that cannot be resolved at the regional level will be referred to the New York State Department of Health Regional CQI Representatives.

**The following need to be referred immediately to the Regional Clinical Coordinator for review:**

- Esophageal intubations
- Practicing medicine without a license
- Patient abandonment issues
- Calls at the discretion of the Medical Director
- Situations that might immediately place patients in danger

**The following will necessitate review by the New York State Department of Health Regional Representative for review:**

- A provider has two (2) call reviews in one (1) year that may or may not require educational corrective action.

**The following are reportable to the New York State department of Health:**

- Noncompliance with Part 800.15
- Noncompliance with Part 800.16
- Patient dies, is injured, or otherwise harmed due to actions of commission or omission by a member of an Ambulance or Advanced Life Support First Response Agency.

**Any Ambulance Agency (BLS or ALS), ALS First Response Agency, or hospital that does not meet the minimum requirements set forth by New York State will be subject to disciplinary action by the Regional Medical Director, REMAC or the New York State Department of Health.**

**REVIEW REQUEST PROCESS**

The Midstate REMAC has established the following process for a call review:

- Fill out and submit a completed *Midstate Call Review Request Form* which can be found on the Midstate EMS website ([www.midstateEMS.org](http://www.midstateEMS.org))
- Once completed, submit the form to the EMS Clinical Coordinator via email, fax or mail.
- Upon receipt of the request, certified letters will go out to the agency and the provider(s)/member(s) involved. This letter will list the information and documents requested by the Regional CQI Committee.
- The agency and provider(s)/member(s) then have ten (10) days upon receipt of the information request to submit all requested documents. All documents are to be submitted to the EMS Clinical Coordinator.
- The Midstate Regional CQI Committee will then meet, in a timely manner, to review the request and all the documents provided.
- Once the review has been completed the requestor will be notified that the review has been completed. The agency and provider(s)/member(s) will be notified of the outcome of the review and any educational or disciplinary actions that were made.
- The agency, provider(s)/member(s) can appeal the outcome of the Midstate Regional CQI Committee review. (See *Appeal Process* on page 11 of this document.)

**Please note the following:**

**Article 30 Section 3006, as well the Midstate REMAC, requires all agencies to participate in the CQI process. Each ALS provider agreed to follow all the requirements set upon them by as a condition of their good standing in the Midstate Region. Participating in Regional CQI reviews, evaluations of indicators or of the program is not optional, but rather, required. The whole point of continued quality improvement is to better the education, the system and the care we provide.**

**Recognizing Excellence**

The Midstate Regional CQI Committee encourages all agencies to help us share with the entire region when they have an incident that highlights the exceptional care we give throughout the Midstate Region.

Please submit your examples of excellence in care to the committee. We are always happy to recognize the outstanding calls, examples of true teamwork or the “above and beyond” that our agencies and providers continuously display.

An *Excellence in EMS* form can be found on the Midstate EMS website ([www.midstateEMS.org](http://www.midstateEMS.org)).