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| RAPPAHANNOCK COUNTY VOLUNTEER FIRE & RESCUE ASSOCIATION. | NUMBER: 1101 |
| STANDARD OPERATING GUIDELINE | PAGE 1 of 3 |
| SUBJECT: Continuous Quality Improvement - EMS | EFFECTIVE DATE: 10/21/2022 |
| WRITTEN BY: Todd Summers and Lisa Palmer | ISSUED BY:  Sean Knick |

PURPOSE: The purpose of this policy is to outline a Continuous Quality Improvement review process (the CQI Process) for all Emergency Medical Services (EMS) patient care reports performed by Rappahannock County Fire and Rescue Companies/Departments under the current Operational Medical Director (OMD), Dr. Michael Jenks.

BACKGROUND: The CQI Process will seek to identify potential training needs and protocol/policy changes as well as to guarantee existing protocols are working as expected. Quality improvement is a positive way to improve patient care and not a mechanism to find fault.

The Commonwealth of Virginia requires each EMS agency to participate in a Quality Assurance (QA)/Quality Improvement (QI) program. All agencies are required to show proof of their participation in a QA/QI program at their EMS inspection. This CQI Process meets this requirement while focusing on the unique and specific needs of our EMS system in Rappahannock County.

POLICY:

1. **Establishing an CQI Committee:** A CQI Committee will be established under the auspices of the Rappahannock County Volunteer Fire and Rescue Association (the Association), with each Company/Department currently providing EMS services appointing one member and one alternate on the Committee.
2. **Committee Leadership:** The CQI Committee will appoint its own Chair from among its appointed membership to serve a renewable one-year term. The Chair will schedule, lead CQI Committee meetings, and otherwise facilitate its operation. The Chair may be removed at any time by a majority vote of Committee members or by a decision of the Association.
3. **Submitting CQI Reports:** Within 30 days after the end of every calendar quarter, each Company/Department currently providing EMS services will submit a CQI report outlined in this policy to the CQI Committee. CQI reports will be reviewed by the CQI Committee within 60 days of the end of the calendar quarter.

4. Content of CQI Reports: Using a CQI template established by the CQI Committee, Companies/Departments will submit quarterly reports to include:
 - a. Overall EMS call volume;
 - b. Number of calls during which ALS services were provided;
 - c. Number of calls where BLS services were provided;
 - d. Number of calls which qualify as “Major Events”, as defined herein;
 - e. Number of patient refusals, and,
 - f. Other indicators as required by the CQI Committee and/or the OMD.
5. Required Patient Care Reports: In addition to the CQ template, Companies/Departments must provide copies of relevant patient care reports for incidents submitted for review, including:
 - a. All “major events”;
 - b. All events as requested by a patient care provider.If, during the quarter, there have been no incidents that meet the requirement of “Major Event”, a minimum of three random patient care reports must be submitted for general review. Any report submitted to the Committee must have patient identifying information redacted, to protect patient privacy. Crew names should also be redacted to protect their privacy.
6. Definition of “Major Events”: Calls considered “Major Events” are defined from time to time by the CQI Committee and subject to the agreement of the OMD. At a minimum, the following calls will be considered “major events”:
 - a. Any call where a complaint was received (internally or from the hospital);
 - b. Needle sticks or other provider exposures;
 - c. Air transport activation;
 - d. Major trauma;
 - e. Major medical (e.g., cardiac arrest, non-traumatic chest pain);
 - f. Major equipment failures;
 - g. Pediatric patients under the age of 10 (transports only);
 - h. Special needs patients (i.e., patients with LVAD or other unique medical devices).
7. Developing Recommendations: The CQI Committee will review submissions and may decide to provide recommendations or other feedback to the Company/Department and/or patient care providers that could include comments

on care provided, observance of established care protocols, and/or individual training recommendations. The CQI Committee may also make recommendations to the Association regarding training needs for other providers.

8. Reporting to the OMD: After its quarterly reviews, the CQI Committee will provide a report to the OMD that:

- a. Describes its activities;
- b. Summarizes the call volumes reported; and,
- c. Presents any recommendations it makes for the improvement of care.

This report should also include a list of all incidents reviewed such that the OMD can access the patient care reports directly, along with any corresponding recommendations.

9. Managing Disagreements: Companies/Departments or patient care providers who disagree with the findings or recommendations of the CQI Committee can appeal to the CQI Committee for a second review, taking into account any additional information provided.