Quality Improvement Program

Purpose: The purpose of the Medical Control Authority Quality Improvement Program is to provide the services in the Medical Control Authority area with a review process in which current protocols and their use can be monitored and upgraded; to provide a means of reviewing the standards of care in individual EMS services and the Medical Control Authority as a whole; to provide a means of documenting the need and/or desire for changes to the current protocols as written.

1. **Confidentiality Assurance**
   A. All information obtained for the purpose of Quality Review will be used solely to determine if the current protocols in the Medical Control Authority are being followed. Under no circumstances will patient names be disclosed during this review or in any reporting process related to this review. Data is protected under P.A. 270 of 1967, MCL 331.531 to 331.533.

   B. The names of the emergency care providers on specific runs are not to be used in the reporting process related to this review.

   C. In specific cases where the service care providers may require corrective actions, the emergency medical services personnel names may be given to the agency to address at the agency level.

2. **Professional Standards Review Organization**
   A. The Professional Standards Review Organization (PSRO) is a review entity that is provided information or data regarding the physical or psychological condition of a person, the necessity, appropriateness, or quality of health care rendered to a person, or the qualifications, competence, or performance of a health care provider. The PSRO is a committee established by the Medical Control Authority for the purpose of improving the quality of medical care.

   B. The Medical Control Authority shall determine the membership of the PSRO.

   C. All Quality Improvement activities shall be considered activities of the PSRO.

3. **Data Collection**
   A. Run Report Collection

   B. The Medical Control Authority is authorized to request copies of EMS runs within their service area. Copies of EMS runs will be provided to the

Medical Control Authority Professional Standards Review Organization on a monthly basis, and are to be received no later than the tenth of the following month.

C. Protocols and Current Revisions

D. All reviews will be based on those protocols that are currently approved and in place in the Medical Control Authority area. Revisions to these protocols will not be used until they are approved and distributed to all agencies.

4. Selection Process

A. Random Selection Per Agency

B. All services will have a minimum of twenty percent of their run sheets reviewed. Services who have less than ten runs per month will have ALL runs sheets reviewed. Large volume services will be reviewed on a percentage-based selection, and an attempt will be made to review at least one run by each emergency care provider from those services, if possible.

C. Mandatory Reports

a. All runs involving cardiac arrests will be reviewed. Runs from all services involved will be reviewed.
b. All runs requested specifically by the Medical Control physicians and/or nursing staff will be reviewed.
c. All runs involving a Multi-Casualty Incident (MCI) will be reviewed.

D. Special Studies

d. All runs that include the use of equipment, skills, techniques or procedures that are currently under special study will be reviewed.

E. Unusual Occurrences

e. Any runs that are unusual and possibly one-time situations that may serve as a learning tool for other services in the future may be reviewed.

F. Nomination-Based Review by Hospital Providers

f. Medical Control physicians may request, at any time, that a specific run be reviewed. Nursing staff in the receiving hospital may also request, through the Medical Control Authority, that a run be reviewed. EMS agencies may also request that a run be reviewed based on their knowledge of the care provided.

G. Multi-Agency/Intercepts/Mutual Aid
   g. Runs that involve more than one agency (i.e., intercepts) will be reviewed following BOTH services runs sheets. Runs by agencies responding out of their normal coverage area will also be reviewed.

H. Problem Identification
   h. Potential problems in patient care may be brought to the attention of the PSRO.
   i. Topic quality improvement reviews will be performed with results reported to the Medical Control Authority.

5. Quality Review Criteria

A. Medical Control Authority Protocols
   a. The current protocols in place will be used to review the runs sheets selected. Any changes in protocols will not be put in to the review process until the charges are approved and distributed.

B. Documentation
   a. All EMS runs in the Medical Control Authority area are required to be documented by the emergency care provider. As always, documentation must be thorough and provide a detailed description of all care provided to the patient, as well as documenting communication with Central Dispatch and Medical Control.

C. Dispatch Policies
   a. The review of the run reports will also address any dispatch, location, response time, or mutual aid/multi-agency problems.

6. Quality Improvement Actions

A. The PSRO or the Medical Director will determine the severity of the incident and develop an action plan to address the matter. The action plan may include:
   a. Revision of policies/procedures
   b. Remediation of individuals involved
   c. Education recommendations for the system
   d. Referral to Due Process and Disciplinary Procedures Protocol
   e. Modification of clinical privileges
   f. Continued monitoring

7. Reporting

A. Agencies may receive a copy of the system-wide report on request. They may also receive copies of their service's individual run-sheet findings on request.

B. Runs reviewed to address a "Nomination" and/or "Concern" from a Medical Control physician will be responded to in writing by the PSRO.

C. An annual report will be compiled and distributed to the Medical Control Authority and to all EMS agencies. This report will be a compilation of all findings noted in the monthly reviews throughout the reporting year.