Subject: Quality Assurance/Quality Improvement Plan
Number: VII.01.01
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PURPOSE:

To establish a plan that provides for an organized method of auditing and evaluating care provided within the Washington County Emergency Medical Services (EMS) Operational Program and a mechanism for continuous system improvement.

STANDARD OPERATING PROCEDURES

I. DEFINITIONS

**Adverse Event:** An event in which injury to the patient results from the medical care or intervention.

**Appropriateness Monitor:** Types of measurable outcome to ensure compliance with protocol policy or procedure, such as PCR completion, reports; medical review, time reports; protocol appropriate treatment; meet operational policy, procedures.

**Benchmark:** A scientifically-validated, regionally-accepted, or nationally recognized endpoint.

**Board of County Commissioners (BCC):** The duly elected Board of County Commissioners for Washington County, Maryland, a body politic.

**Cause:** the reason for a problem or defect.

**Company QA/QI Coordinator:** The duly appointed QA/QI Coordinator for the respective fire/EMS company.

**Concurrent Review:** Designed to identify problems or potential problems during patient care. Field observation.

**Continuous Quality Improvement:** The sum of activities undertaken by the service to provide confidence to its patients and maintain a standard of excellence. It is a process based on multiple activities to maintain the ultimate goal of the EMS System; the provision of timely, efficient and effective prehospital care to all those who need it.
Critical indicator: Clearly defined measurements that compare various input and process characteristics.

Didactic: The domain of learning that includes knowledge derived from lectures or Comprehension of written material.

Due Process: The representation and protection of certain rights of a person under investigation.

Emergency provider: An emergency medical services provider certified or licensed in the state of Maryland and affiliated with the Washington County EMS Operational Program.

Emergency responder: An individual who is a member of a fire, rescue and/or ambulance company in Washington County who is not a certified or licensed emergency medical services provider.

EMS Coordinator: The individual duly appointed and hired by the DFES to perform various functions relating to the provisions of emergency medical services in Washington County. Performs Quality Assurance/Quality Improvement and is Chair of Medical Review Committee.

EMS Operational Program: A combination of individuals, agencies and system policies that are necessary to provide emergency medical services in Washington County.

Extraordinary Care: Care that is not explicitly listed in the Maryland Medical Protocols.

Focused Review: Specific types of retrospective reviews directed at a single topic, such as a specific chief complaint or assessment.

Highest EMS Jurisdictional Official (HJO): The Director of Emergency Services for Washington County, Maryland.

HIPAA: Health Insurance Portability and Accountability Act, promulgated in 1996. HIPAA was designed to simplify the administration of health insurance by setting national standards for the transfer and confidentiality of protected health information, in addition to the management of health care financing.

Incident: A significant occurrence or event involving emergency response or care, a variance from the standard of care and/or a violation of the defined prohibited conduct.

Indicator: A specific thing that is tracked for evaluation purposes.

Jurisdiction: Washington County, Maryland.
Medical Director: The duly designated Medical Director for the Washington County Emergency Medical Services Operational Program. Any duly designated Assistant Medical Director for the Washington County Emergency Medical Services Operational Program may act on behalf of the Medical Director in his absence or as requested.

Near Miss: Occurrence of an error or hazard that could have resulted in an adverse event but did not because of intervention or chance (also could be called a potential adverse event).

Outlier: Case that falls out of the acceptable standards, accompanied by documented reason for the anomaly.

Patient care incident: An incident in which patient care is not within the normal parameters.

Prohibited Conduct: Conduct, actions or behavior as defined in COMAR Title 30, Chapter 04.01.

Prospective Review: Designed to prevent potential problems. Measuring future events against predetermined standards. This is accomplished through standardized protocols, education and establishment of time standards, etc.

Protocol variation: Any act or failure in practice or judgement involving patient care, that is not consistent with established protocol, whether or not it results in any change in the patient’s status or condition.

Provider Review Panel: A state appointed panel that reviews incidents at the state level, designated herein as (PRP).

Psychomotor: The domain of learning that involves knowledge as it is applied to and carries out procedures or physical skills.

Quality assurance: An organized method of auditing and evaluating care provided within an EMS system.

Quality care: The extent to which health care service meets the patient’s needs and produces the desired health outcome.

Quality control: Comparison of outcome to specifications.

Quality improvement: Initiatives, policies and actions used in a proactive manner to bring about system improvement.

Quality indicators: Characteristics of products, services or processes that represent quality.
Red Flag Monitor: Types of measurable episodes of actual or potential harm to patients or EMS providers. Serious misapplication of procedure or protocol.

Re-education: Review of didactic information and/or skills from course materials.

Re-mediation process: Means improving competence, remedying or correcting faulty habits. Fostering partnerships between prehospital EMS providers, provider agencies, the operational program. Guiding change is a principal activity of the QI program, and positive feedback is an essential part of the process.

Reporting/Feedback: all QA/QI activities will be reported to the EMS Operational Program in a manner to be jointly determined. Because of continuous quality improvement activities, changes in system policy or procedures may be made.

Retrospective Review: designed to identify potential or known problems and prevent their recurrence.

Root cause: The basic underlying reason for variance from standard of care or sentinel event.

Sentinel event: An undesirable event or phenomenon that triggers further analysis and investigation.

Stakeholder: Individuals and/or organizations, other than the patient who receive the EMS services, that have some interest in the operation of the EMS organization, e.g. the patients family, the community in which the EMS system operates, government officials, the patient’s insurer/third-party payer, and allied healthcare providers.

II. INTRODUCTION

The Washington County Department of Emergency Services (DES) and the Washington County Volunteer Fire & Rescue Association (VFRA), through its member companies, provide emergency medical services to the residents of and visitors to Washington County. Emergency Medical Services (EMS) in Washington County is provided by a combination of career and volunteer providers. These emergency providers are certified and/or licensed in the state of Maryland as Emergency Medical Dispatchers (EMD), First Responders, EMT-Basics, Cardiac Rescue Technicians, CRTI/EMT-Intermediate, and EMT-Paramedics.

The Code of Maryland Regulations (COMAR) Title 30, Subtitle 03, Chapter 04, requires that each EMS Operational Program develop a Quality Assurance (QA)/Quality Improvement (QI) plan. The plan must be approved by the jurisdiction, the Maryland Institute for Emergency Medical Services System (MIEMSS) and the jurisdictional Medical Director(s). This plan provides for an organized method of auditing and evaluating care provided within the Washington County EMS Operational Program.
Periodically, questions arise as to the appropriateness of care provided to an individual patient and/or the policies controlling the provision of medical care. This policy establishes a means to consider these questions in a manner that is consistent, provides due process to all parties involved, and ensures quality patient care.

The Washington County EMS Operational Program QA/QI plan provides for the establishment of the Medical Review Committee (MRC). The MRC is a vital component of the QA/QI plan however; the plan is more encompassing than just the role of the MRC.

It is the intent of the EMS Operational Program that all parties involved in EMS are afforded the opportunity to contribute and offer review comments toward the development of policies affecting patient care. Washington County’s review process will consider all facts concerning individual incidents, adjudicate allegations in a fashion, which is consistent, provide due process to all parties, and ensure quality improvement to patient care.
III. CONFIDENTIALITY

All individuals involved in the EMS Operational Program have access to confidential health care information. These individuals shall protect the confidentiality of this information. The MRC has a special duty to preserve this information, as they will be involved in the review of significant incidents, which could lead to a recommendation for provider disciplinary action, suspension or revocation. The proceedings, records, and files of the EMS Operational Program QA/QI Plan (including the MRC) are confidential pursuant to Maryland Law. Willful and knowing release of information deemed confidential, by law, could result in criminal penalties. Additionally, willful and knowing disclosure of a confidential record that identifies any individual could result in liability for actual and punitive damages. Eleven individuals involved in the EMS Operational Program, and any additional individuals who become aware of confidential information due to a fact-finding or investigative process, shall be required to sign a statement acknowledging agreement with the provisions above. Documents shall be secured in a locked cabinet/room to prevent accessibility by unauthorized individuals. The EMS Operational Program shall retain records for a period required by state and federal law.

IV. EMS Operational Program Roles and Responsibilities:

Defining the roles and responsibilities of those involved in the EMS system will improve the efficiency of overall operations.

A. Director of Emergency Services:

1. Serve as the County Commissioners designee to coordinate with the VFRA regarding the provision of fire and emergency services.
2. Plan, coordinate and supervise overall operations of the Department of Emergency Services and establish and/or recommend all policies and procedures relating to fire and emergency services.
3. Serve as the highest jurisdictional official for EMS as designated by the BCC and the MIEMSS.
4. Work closely with career emergency services personnel, the VFRA and individual fire and EMS companies to ensure proper and cost-effective provision of fire and emergency services.
5. Serve as the EMS Operational Program advocate for matters such as seeking program funding and equipment in coordination with state and local agencies.
6. Serve as a member of the MRC Appeals Committee.
7. Answer to the BCC and coordinate with MIEMSS as necessary.
B. EMS Coordinator:

1. Receives all complaints from the field operations component of the EMS Operational Program.
2. Initiates the fact-finding process.
3. Monitors, evaluates, reports on and makes recommendations for improvement to the QA/QI Plan.
4. Prepares and maintains documentation of sentinel events.
5. Provides notification to appropriate personnel (written or oral form).
6. Assist with customer service survey.
7. Coordinates with the QA/QI Coordinator from each fire and/or EMS Company.
8. Reviews all company level documentation that supports the QA/QI plan.
9. Provides quarterly reports on the QA/QI plan to the HJO, President of the VFRA and the Jurisdictional Medical Director(s).
10. Tracks matters under investigation as necessary to promptly resolve issues.
11. Completes documentation relating to all incidents and personnel reviewed under this policy.
12. Designated QA Coordinator for Washington County.

C. Volunteer Fire & Rescue Association - EMS Committee:

1. Recruits interested persons to serve on the MRC.
2. Recommends members for appointment to the MRC.
3. Coordinates and cooperates with the HJO, and the Medical Director(s) as necessary.

D. Medical Director(s):

1. Overall supervision of the medical quality assurance (QA) component of the QA/QI Plan.
2. Work collaboratively with the HJO and the EMS Coordinator to promptly and appropriately resolve matters and manage the EMS Operational Program.
3. Complete MIEMSS documentation as required.
4. Provide or recommend appropriate remedial and continuing education programs.
5. Shall participate in aspects of the QA/QI Plan, which affect patient care, including planning and policy development.
6. Other duties as defined in the Medical Director’s agreement.
E. Local Fire and EMS Companies:

1. Ensure compliance with County policies and procedures at the local company level.
2. Establish specific indicators for review at the local company level.
3. Report protocol violations, compliance issues to the appropriate individual within the EMSOP.
4. Serve as an advocate for their respective emergency provider to assist them in being successful in all EMS related operations.
5. Assist emergency providers with initial and remedial training.
6. Provide a liaison between the company and the EMSOP.

F. Medical Review Committee

1. Receive and review complaints filed with the EMSOP.
2. Maintain confidentiality on all matters discussed and reviewed.
3. Conduct interviews and collect data relating to a complaint filed with the EMSOP.
4. Recommend remedial training as required.
5. Recommend disciplinary actions, methods to resolve complaints and system performance indicators.

V. Quality Improvement Initiatives

The QI component of the QA/QI Plan emphasizes overall improvement of EMS delivery. The ultimate goal of our QI component will focus on enhancing the providers ability to provide excellent patient care and customer service while continuously being clinically sophisticated and fiscally responsible.

A. Policy Development

The EMS Operational Program will establish policies to aid Emergency Providers and ensure compliance with state and local protocols/requirements.

The EMS Operational Program shall make every effort to develop policies that enhance Emergency Provider safety and creates an opportunity to provide the highest level of quality care.

B. Educational Qualifications

Emergency Providers in Washington County shall meet the educational prerequisites established for certification/licensure by the state of Maryland.

Emergency Providers shall meet all educational requirements established by the Washington County EMS Operational Program.
C. Networking and Outside Agency Interaction

The EMS Operational Program will strive to seek out new and innovative methods and best practices. This can be accomplished through interaction with individuals and organizations outside of Washington County. This interaction may take the form of attendance at MIEMSS Regional meetings, MIEMSS Jurisdictional Advisory Meetings, conferences, training programs and participating in professional organizations.
VI. Quality Assurance Review for Overall Quality Improvement

The purpose of this section is to establish a process for reviewing patient care data in order to identify trends and sentinel events. Sources for data used in this evaluation process include:

- MAIS and EMAIS,
- Additional narratives,
- AED usage reports,
- Ambulance assist sheet, and
- Analyze sentinel events to determine if protocol change, equipment/resource changes, or remedial action is necessary.

The data collected from above will be used to analyze trends and develop recommendations that bring about overall system improvement. Our general process is as follows:

- Determine specific indicators to track to determine compliance.
- Select a random percentage of patient care records and conduct a compliance review.
- Track specific jurisdictional performance indicators such as:
  - Customer service/satisfaction
  - Response time
  - Failure rate/understaffed response
- Review all incidents involving a specific patient condition or procedure such as:
  - High volume patients (i.e. Asthma)
  - High risk patients (i.e. Cardiac arrest)
  - Optional or new protocols (i.e. RSI)
  - Optional or new equipment (i.e. Capnography)
  - Opportunity to improve care (i.e. service issues with nursing homes)
- Review performance indicators established by MIEMSS.

Recommendations might include changes in protocol, operational policy/procedures or equipment.

Trends are tracked to identify:
- System issues
- Department issues
- Opportunities for improvement
Disposition tracking

Routine indicators that trigger review will be established by the EMS Operational Program with input from the VFRA-EMS Committee and MRC. The following is a basic list of review indicators:

- Patients transported that are 6 years old and younger,
- Patients who receive interventions that require on line medical direction,
- Cardiac/respiratory arrest,
- Multiple-system trauma,
- Mass causality incident (five or more patients),
- Incidents involving fatality,
- Helicopter activation,
- Any emergency providers/bystander injured or exposed to hazardous or infectious material,
- Service provider/patient/family member or hospital staff member generated complaint,
- Protocol deviation, and
- Deviation from service performance goals,

VII. Incident Reports, Expression of Concern and Operational System Performance

As stated earlier, the Washington County EMS Operational Program encourages those involved in the EMS system to identify system deficiencies and incidents where patient care may not have met the quality of care expected. Any individual may request that the EMS Operational Program consider matters concerning the appropriateness or quality of patient care or any other prohibited conduct.

All matters reported to the EMS Operational Program must also be reported to the respective company EMS Officer/Chief within 24 hours of the EMSOP being notified of the incident report. An EMS Officer/Chief that receives such a complaint or notice shall forward a written report of the incident to the MRC Chairperson with a copy to the EMS Coordinator within 48 hours of the occurrence.

Receipt of Incident Report:

A representative from the EMS Operational Program shall conduct a verbal interview with the emergency responder(s) involved; if the verbal interview uncovers a concern for inappropriate patient care, where the safety of the public is at risk, the Medical Director shall be notified immediately.
The emergency responder/provider(s) are encouraged, and may be required, to provide a written incident report to their respective Station QA/QI Coordinator. The report shall outline all recallable facts relating to the incident. The Station QA/QI Coordinator must then forward all documents to the EMS Coordinator within forty-eight (48) hours of receipt from the emergency responder/provider. If a complaint cannot be resolved at the station level or allegations against station officials may hinder an appropriate evaluation, the individual may report the incident directly to the EMS Coordinator.

Upon receiving QA/QI documentation, the EMS Coordinator shall initiate the following:

1. Where the report involves a variation from the medical protocols, the EMS Coordinator shall complete a MRC investigation report and forward to the Medical Director(s). The Medical Director will review the matter as necessary and may either resolve the matter himself or refer the matter to the MRC. The Medical Director may immediately suspend the provider’s credentials in the jurisdiction pending further investigation, if he/she believes the provider poses a threat to the health or well-being of patients.
   a. If the Medical Director elects to engage the MRC, all incident documentation shall be forwarded to the MRC. They shall review the incident and may choose to conduct pertinent interviews.
   b. Matters resolved by the Medical Director shall be brought to the MRC for informational purposes at the next regularly scheduled MRC meeting.

2. All other reports or comments from emergency responders, providers, citizens, police, medical professionals, emergency communication centers, etc. shall be reviewed and forwarded to the Director of Emergency Services and Medical Director for consideration and possible resolution. The Director of Emergency Services and/or the Medical Director may delegate the review to the EMS Coordinator and/or the MRC.

3. Incident reports that are operational in nature shall be forwarded to the EMS Officer/Chief of the company(ies) involved. Operational issues may include, but are not limited to the following:
   a. Excessive response time.
   b. Excessive on-scene, patient assessment time.
   c. Excessive travel time to the medical facility or other appropriate location.
   d. Equipment deficiencies and preventable failures.
   e. Motor vehicle accidents.
   f. Non-compliance with regards to documentation and record keeping.
   g. Non-compliance with special requests made by the EMSOP.
4. Review and resolve accordingly as outlined herein, a documented allegation that an emergency provider failed to act in accordance with an applicable law, protocol or that pre-hospital care was below an acceptable standard of care.
   a. To identify and report protocol variations.
   b. Identify variation
   c. Identify root cause of incident

5. Address root cause – lack of knowledge or skills, limitations or resources, poor communications, conduct issues, etc.

7. Provide remedial action to resolve patient care issues. Remedial actions may include retraining, counseling, or disciplinary action. Disciplinary action is not normally considered unless the incident review demonstrates that a conduct (behavior) problem occurred or that a pattern of similar patient care issues exists with the provider. The MRC may handle or refer to the Director of Emergency Services or his designee. The EMS Coordinator shall establish a format to document medical review actions.

8. Notify MIEMSS as appropriate: See Patient Care Quality Assurance Initial Incident Notification (PCAQ-IIN-5) and Patient Care Quality Assurance Incident Investigation (PCQ-II-35) form for details.

   Protocol variances, other care issues – a preliminary report shall be submitted within 5 calendar days and the final report within 35 calendar days of the incident.

9. In case of a matter relating to the extraordinary care protocol, the State EMS Medical Director via Syscom and the Jurisdictional Medical Director shall be notified within 24 hours of the event.

10. Follow jurisdiction flow chart to assure timely information flow. Aggregate data in accordance with MIEMSS Policies.

11. Runsheet reviews shall be conducted on a regular basis by a combination of the EMS Coordinator and a representative from each fire/EMS company. Incidents may be referred from deficiencies found or excellence noted during the normal runsheet review process. Incidents of a minor procedural nature may, with the concurrence of the Medical Director, be handled through a written reminder to the provider involved.

VIII. Local Fire & EMS Company QA/QI Initiatives and Programs

Departments having a preexisting program for QA/QI and care complaint handling must at a minimum comply with COMAR Title 30 and meet this EMS Operational Program QA/QI Plan.
The QA/QI Coordinator for each respective company shall select specific indicators that will be reviewed on a regular basis. These indicators will cause certain patient care records (PCR’s) to raise attention regarding a particular concern. Review should be done on a monthly basis. The results of the review must be submitted to the EMS Coordinator by the fifteenth of the following month. The applicable forms will then be forwarded as necessary to the MRC. The Company Level QA/QI Coordinator’s are encouraged to indicate the QA issues, in summary, and any QI recommendations. Company level QA/QI reviewer’s shall refrain from auditing incidents in which they were personally involved.

The basic list of triggering indicators will be established by the Department of Emergency Services Director, the MRC and/or VFRA-EMS Committee. Some examples of indicators are:

- Turnout time in excess of pre-defined turnout time goals,
- Response times in excess of pre-defined response time goals,
- Excessive extrication time,
- Ambulance restocking and repeated drug discrepancies, and
- Patient satisfaction.

The following list is meant to serve as a guideline for forwarding incidents to the MRC. The list may certainly be expanded as necessary:

- Frequently missed or inappropriate intubations,
- Frequently missed or inappropriate skills,
- Protocol errors/deviations,
- Medication errors,
- Falsifying or inaccurate reporting,
- Extraordinary care,
- Inappropriate physician orders,
- Inability/failure to carry out medical control orders, and
- Any other acts defined in COMAR Title 30 Chapter 4 – Prohibited conduct.

Formal interaction between the Company QA/QI Coordinator, EMS Operational Program and MRC will occur biannually.

If the PCR’s are reviewed by someone other than the Company Level QA/QI Coordinator, the Company Level QA/QI Coordinator must also assess matters such as:

1. Appropriateness of care: the degree to which the correct care is provided given the current scope of practice. Are written protocols current? Was there any deviation from written protocol?

2. Continuity of care: the degree to which the care needed by patient is coordinated among providers and across organization and time. Was medical control contacted appropriately?
3. Protocol variations: identify variation, root cause of incident and address root cause – lack of knowledge or skills, limitation of resources, poor communications, conduct issue.

4. Timeliness of care: the degree to which care is provided to patients when it is needed. Was on scene time less than 20 minutes? If the on-scene time was greater than 20 minutes does documentation exist to address the extended on scene time?
IX. Medical Review Committee (MRC)

Medical Review Committee charge: MRC is the body charged to assist with Medical Quality Assurance and Quality Improvement in the jurisdiction. For Quality Improvement efforts, it may be expanded to include members such as hospital, nursing home personnel, consumers, community representatives, PIO and training personnel, or it may create another committee to handle Quality Improvement efforts. Items for discussion are to be on a medical nature. Items of operational nature may be discussed only as it pertains to patient care.

A. Membership

1. The jurisdiction will establish a MRC that includes:
   - Jurisdictional EMS Medical Director(s)
   - General Membership consisting of:
     - One Emergency Medical Technician – Paramedic
     - One alternate Emergency Medical Technician – Paramedic
     - One Cardiac Rescue Technician/CRT/99
     - One alternate Cardiac Rescue Technician/CRT/99
     - One Emergency Medical Technician – Basic
     - One alternate Emergency Medical Technician – Basic
     - One EMD provider
     - One First Responder
   - EMS Coordinator

2. Ex-officio Membership:

   The MRC may allow ex-officio members in the best interest of the EMS Operational Program. Ex-officio members shall not have any voting rights.

   The MIEMSS Region II Administrator may serve as an ex-officio member of the MRC.

3. Others and Invited Guests:

   The MRC shall consider inviting the chief EMS operations officer involved in the incident under evaluation. This invitation is for the purpose of quality improvement within the company they serve. The invited guest shall not have any voting rights in the MRC.

   The MRC may consider other members as deemed appropriate and in the best interest of the EMS Operational Program. Additional invited members shall sign a confidentiality agreement.
The MRC shall consider and may invite legal representation from the EMS Operational Program. Emergency Providers under evaluation may not have legal representation at this stage of the process.

4. Qualifications for the general membership:
   a. A current member or employee of a member company of the VFRA.
   b. An active EMS Provider with the member company in accordance with that company’s governing rules, and have five (5) years experience providing EMS in Washington County. *LOSAP or employment records will verify years of experience in EMS.*

5. Qualifications of the Chairperson:
   a. Currently a Maryland certified EMT-P.
   b. A provider who has obtained high regard from the Washington County EMS community for their competency and impartiality. A minimum of 10 years ALS experience in Washington County.

6. Appointment of Members:
   a. Medical Director/Associate Medical Director(s): The Washington County EMS Operational Program Medical Director and Associate are members by virtue of their position. Their appointment shall be continuous throughout the duration of their tenure as Medical Director and/or Associate Medical Director.
   b. MRC Chairperson: Be recommended by nomination and election by members of the MRC and the HJO.
   c. General Membership: Membership is voluntary and the interested individual must be endorsed by the company from which they have primary jurisdictional affiliation.

7. Length of Appointment:
   a. Medical Director/Associate Medical Director(s): Their appointment shall be continuous throughout the duration of their tenure as Medical Director and/or Associate Medical Director.
   b. Chairperson: The Chairperson shall serve a term of two (2) years. With the endorsement of the MRC, the Chairperson may serve multiple terms with the approval of the HJO (EMSOP).
c. General Membership: All appointments are effective for two (2) years from the time of the appointment except in the charter year.

d. One general member from each level of certification shall be appointed to a term of one (1) year to stagger the appointments with their counterpart of the same certification/licensure level.

e. All members may serve multiple terms but must be reconfirmed at the conclusion of each term.

f. Reconfirmation is not automatic. Other applicants must be solicited and considered. However, incumbent general members should be evaluated without prejudice towards their length of service on the committee.

8. Termination: The Washington County MRC, Medical Director and/or the HJO reserves the right to revoke membership of any member at any time. Any reason(s) for termination must be furnished to the member to be terminated, in writing, within 30 calendar days of the notice of termination.

B. Voting Rights:

Although many parties will be consulted during the administration of their duties, only the Medical Director(s) and general members may vote on matters brought before the MRC.

C. Meetings:

Regular meetings may be scheduled by the Committee as needed but must be held not less than once each quarter.

No meetings of the MRC may be conducted without a quorum that is defined as a Medical Director, EMS Coordinator, and two providers.

Votes shall be decided by a two-thirds majority present.

The proceedings of each meeting shall be recorded in writing and stored for a period not less than five (5) years. The EMS Coordinator shall be charged with the responsibility to maintain the records of the MRC in a secure location.

No one shall attend the meeting without authorization from the MRC.
MRC Review Process:

Notification of Responsible Parties: Upon notification of an incident requiring review by the MRC, the Chairperson of the MRC shall notify the following within 72 hours as dictated by the nature of the incident.
   a. Washington County EMS Medical Director
   b. DFES EMS Coordinator

The EMS Coordinator will notify:
   a. MIEMSS Region II Administrator
   b. Region II EMS Medical Director as required
   c. State EMS Medical Director as required

All notifications shall be in writing.

A. Investigation:
   1. Incidents involving individual providers shall be investigated by the EMS Coordinator in conjunction with the company EMS Officer/Chief within seven (7) calendar days of notification.
   2. The results of the investigation shall be presented to the Medical Review Committee within seven (7) calendar days of notification.

B. Hearing
   1. The Chairperson shall convene a meeting of the Medical Review Committee within 14 calendar days of notification to hear the facts of the case.
   2. If in the judgement of the Chairperson and the EMS Coordinator it is likely that disciplinary action of more than a re-educational nature will be considered, all parties involved and witnesses shall be invited to be present.
   3. The Chairperson must provide written notification to the individual(s) and the respective senior EMS Officer(s) of the date, time, and location of the meeting.

The individual(s) and/or respective senior EMS Officer/Chief will have the privilege to attend the meeting for presentation of facts surrounding the case.

4. No disciplinary action other than that of a re-educational nature will be taken by the Medical Review Committee without providing formal opportunities for testimony by the affected individual as outlined in Section 2.
C. Action:

1. After presentation of the facts surrounding each case, the Medical Review Committee shall:

   a. Order further investigation.
   b. Decide upon action(s) to be recommended to the Washington County EMS Medical Director. These actions may include, but are not limited to:
      (1) Re-education
      (2) Probation
      (3) Suspension of function as EMS provider
      (4) Referral to MIEMSS (having jurisdiction over the certification) for disciplinary action.
   c. Recommend a change in policy to the VFRA-EMS Committee or Washington County EMS Medical Director.

2. All determinations shall be decided by agreement of at least two thirds of the quorum present.

3. Regardless of the action taken the Region II EMS Medical Director must be notified of the status of the investigation within 30 calendar days of the occurrence.

D. Results:

The Chairperson shall make notification in writing of the MR’s decisions and determinations to the following individuals within seven (7) calendar days.

1. Parties whose actions were called into question
2. Parties who reported the incident
3. The Company EMS Officer/Chief

The EMS Coordinator shall make notification in writing of the Medical Review Committee’s decisions and determinations to the following individuals within seven (7) calendar days to:

1. The MIEMSS Region II Administrator.
2. The Region II EMS Medical Director.
3. The State EMS Medical Director.
4. Other parties as required by prevailing state or local statutes, ordinances, and rules or regulations.
E. Appeal Process:

Every effort is made to provide all parties due process in the consideration of matters brought before the MRC. The Operational Program and the MRC acknowledge the parties involved may believe the action taken was excessive or unjust.

They may appeal the decisions in the following manner:

In cases referred to the State for action on the certification or license of any party, appeal shall be made to the State in accordance with the COMAR Title 30.

1. Appeal Committee:

   Appeal Committee shall be composed of Jurisdictional Medical Director, President of the VFRA, EMS Coordinator, a Provider at-large, a Chief at Large, a representative from a jurisdiction outside of Washington County, and the Director of Washington County Emergency Services.

2. Process:

   In cases that involve action taken within Washington County only, the appeal shall be in writing to the Director of Emergency Services copied to the President of VFRA.

3. Decision:

   The decision of the Appeal Committee is final at the local jurisdictional level. The emergency provider may seek adjudication from MIEMSS.

X. Conflict of Interest

Any member of the Medical Review Committee with a perceived conflict of interest in a specific matter shall be excluded from consideration of that matter.
WASHINGTON COUNTY, MARYLAND
EMERGENCY SERVICES/VOLUNTEER FIRE & RESCUE ASSOCIATION
STANDARD OPERATING PROCEDURES

Quality Assurance/Quality Improvement Flow Chart

Briefly review case and consult with Jurisdictional Medical Director

Immediate threat to the public
Refer immediately to State EMS Medical Director at MIEMSS

Conduct full investigation
Report to MIEMSS within 5 calendar days

Consult with Jurisdictional Medical Director and consider provider suspension of practice privileges
Notify state EMS Medical Director at MIEMSS immediately

Was the standard of care followed?

No

Jurisdictional QA Officer remedies & documents

Conduct Medical Review Committee

Provider final report to MIEMSS with 35 calendar days

Yes

Report outcome & systems recommendations to jurisdictional leadership

Was the nature of the problem?

What was the nature of the problem?

Lack of Knowledge
Re-training; place in training file

Limitation of resources
Change system to provide resources

Communications problem
Method to address communications

Conduct issue
Refer to disciplinary process

Provider final report to MIEMSS with 35 calendar days

Quality Assurance/Quality Improvement Flow Chart

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