Regional EMS & Trauma Performance Improvement (PI/TPI) Plan FY2023

Southwest Virginia EMS Council
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I. PURPOSE

The purpose of the regional EMS Performance Improvement /Trauma Performance Improvement Plan is to provide a mechanism by which issues that affect patient care can be properly addressed, thus ensuring the highest standard of patient care throughout Southwest Virginia. This plan will establish a program for region wide PI/TPI review and provide a mechanism for EMS agencies in the region to establish and maintain PI/TPI programs.

II. PRINCIPLE

Performance Improvement (PI) is a process whereby an organization continuously monitors the quality of its work and institutes plans and policies with the goal of maintaining a minimal acceptable level of performance in all core areas at all times. An intended outcome is to improve performance to the highest levels of excellence attainable when opportunities for improvement arise.

PI has three modalities:

> *Retrospective* – monitoring care that has already been provided, such as by Prehospital Patient Care Report (PPCR) review
>
> *Concurrent* – monitoring and improving care as it is being provided, such as by on-scene medical direction or by OMD monitoring of care on a real-time basis by radio
>
> *Prospective* – improving care by instituting training policies, and plans and policies for specific situations and procedures

The PI loop is completed by identifying areas of patient care needing improvement and subsequent action taken to undertake that improvement.

III. BACKGROUND AND SCOPE OF PLAN

Section 12 VAC 5-31-600 of the Virginia Emergency Medical Services Regulations requires all EMS agencies to participate in Performance Improvement review programs.

"An EMS agency shall have an ongoing Quality Management (QM) Program designed to objectively, systematically and continuously monitor, assess and improve the quality and appropriateness of EMS patient care provided by the agency. The QM program shall be integrated and include activities related to patient care, communications, and all aspects of transport operations and equipment maintenance pertinent to the agency's mission. The agency shall maintain a QA report that documents quarterly PPCR reviews, supervised by the operational medical director."

The Virginia Department of Health, Office of Emergency Medical Services contracts with the Southwest Virginia EMS Council to coordinate and support various aspects of the regional EMS system. Contract #517-07-507 requires, in part, that regional Councils:

"*Provide a schedule and topics for quarterly, region wide, PI projects to be conducted by the Contractor [Southwest Virginia EMS Council] and individual EMS agencies."*

This plan may be utilized by any EMS agency operating within the Southwest Region's service area to establish and maintain their PI program and will provide guidelines for participation in the regional PI program.

IV. EMS AGENCY PI TEMPLATE

In order to assist agencies in fulfilling their regulatory requirements concerning PI programs, the Council has established a generic PI template which can be used by EMS agencies to establish and maintain a PI program. The PI template is available on the Council website for download or can be requested from the Council. The template establishes written guidelines for completion of quarterly PI projects. The template allows agencies to determine quarterly PI

indicators for EMS response, trauma response, and system issues. The Council's regional PI plan establishes quarterly regional PI indicators. Agencies are encouraged to utilize the regional indicators. Quarterly data should be provided to the agency's OMD for review.

V. REGIONAL PI PROGRAM

As described in this plan, the Council is contracted by OEMS to coordinate a regional PI program. The purpose of this program is to examine specific PI indicators, determine any deficiencies that might exist, and make recommendations to improve the regional EMS system based on those determinations. The overall all goal of this program is to improve and strengthen the level of care provided in the region and reduce morbidity and mortality.

A. Performance Improvement Committee

Under the guidance of Council staff, a Performance Improvement (PI) Committee shall be established. The committee may be combined with other related committees as determined by the Board of Directors. The composition of this committee will seek to ensure committee representation reflective of the regional EMS system including participation from hospitals, physicians, licensed EMS agencies, and providers. Active participation will be encouraged. If necessary, signing of nondisclosure and/or confidentiality agreements may be required of members to ensure privacy of information.

The PI/Trauma Committee will establish quarterly and/or annual PI indicators to be reviewed during the fiscal year. These indicators will be published as an appendix to the plan and made accessible to EMS agencies. Data and supporting documents supplied by EMS agencies in accordance with this plan will be reviewed by the PI/Trauma Committee.

B. EMS Agency Review and Reporting

All EMS agencies are encouraged to review PPCRs data related to quarterly call

indicators as described in this plan as part of their required performance improvement program. Council staff will be available to assist any agency with the quarterly review upon request. Tracking sheets will be provided by the Council to EMS agencies to track calls and specific PI indicators being reviewed. The Council may request submission of aggregate data to support regional PI review. Relevant data, whenever possible, will be extracted through the state EMS patient reporting system by the council for review. Council staff members and the PI/Trauma Committee will review collected data at the quarterly committee meeting.

C. Regional Quarterly PI Projects

Quarterly agency data from the preceding quarter will be reviewed by the PI/Trauma Committee and Council staff at the quarterly committee meeting to ensure the highest level of care has been provided. All collected agency data will be compiled in order to evaluate each indicator being reviewed in that quarter. Compiled data will be reviewed to identify any patient care deficits. If a deficit is found, the Committee will determine what action is necessary to correct the deficiency. The Committee may recommend distribution of a clarifying memo to an affected EMS agency, provider, or Operational Medical Director (OMD); development of educational brochures or publications; development of remedial training programs; or recommend protocol revisions or additions to the regional Medical Direction Committee to address the deficiency. Quarterly reports will be prepared related to quarterly PI projects.

The PI/Trauma Committee's findings and recommendations, if applicable, will be forwarded to the regional Medical Direction Committee for support and to the Council's Board of Directors (or Executive Committee) for approval. If remedial education is required, the PI/Trauma Committee will work with the regional Training Committee to develop a program/schedule to facilitate improvement in that area.

PI indicators being reviewed for the 2021-2022 year include the following:

General EMS Topic – 12-Lead Monitor Utilization

EMS System Topic – Stroke Assessment Usage

Trauma Topic – Pediatric Trauma Patient Incidence—MVC

A PI/TPI Plan template is provided for EMS agencies who wish to develop their own PI/TPI indicators. The template is available for download and is included in Appendix A.

E. OTHER PI REVIEW AND REPORTING

In addition to the regional review, each Operational Medical Director (OMD) is responsible for review of EMS calls each quarter for the purpose of performance improvement. Review of the data specified in the quarterly regional PI plan will satisfy this requirement.

Quarterly reports prepared by agencies should be submitted to their respective OMD. The OMD should review that data and/or call reports (PPCR) and determine if any deficiencies exist or corrective action is required. EMS agencies are also required to submit pre-hospital patient care data to OEMS on a quarterly basis.

F. COMPLAINT REFERRAL

1. OMD or Agency Referral

If an agency official or OMD feels that a significant deficiency exists or that there is a significant patient care issue, an attempt should be made between the OMD and agency leaders to address those concerns. If the issue cannot be resolved by the agency and OMD, a *Performance Improvement Referral/Comment Form* (Appendix B) may be submitted to the Council for the PI/Trauma Committee. Submission of the *Referral Form* is a voluntary request for review and assistance by the regional PI/Trauma Committee. Submitted forms will be handled according to the guidelines described in this section, and by submitting a *Referral Form*,

agencies and OMDs agree to the process described herein. EMS agencies may also submit a referral via our website or mobile app.

2. Other Complaint or Referral

Council staff and/or PI/Trauma Committee members will review complaints regarding patient care during EMS response that have been submitted by other entities, including patients, other healthcare providers, healthcare facilities, and other members of the public. A *Performance Improvement Referral/Comment Form* must be completed and signed by the person or entity representative making a complaint.

3. General Provisions

In order to maintain the integrity of the PI/Trauma committee and protect patient and provider privacy, each member will maintain strict confidentiality at all times; however, communication with other entities of the system may be necessary for such review processes. All reasonable efforts will be taken to maintain patient anonymity. PI/Trauma Committee members may be requested to sign confidentiality agreements to ensure the security of patient data.

The Council and regional PI/Trauma Committee will only review PI complaints submitted in writing as outlined above. As part of the review, the Council may collaborate with the agency/provider OMD and/or the regional OEMS program representative. If additional information is needed, a request will be made to the EMS agency or provider. The Council may also wish to speak with individuals involved in the incident to obtain a better understanding of the incident and gather any pertinent facts. A copy of the PPCR specific to the incident in question may also be requested. In such cases, identifying information may be redacted to ensure patient confidentiality.

The complaint and information gathered will be reviewed at a regular or special called meeting of the regional PI/Trauma Committee. After a complete review of the incident, the PI/Trauma Committee will make a recommendation to the agency and OMD concerning the issue. The recommendation may be distribution of a clarifying memo to an affected EMS agency, provider, or Operational Medical Director (OMD); development of educational brochures or publications; development of remedial training programs; or recommend protocol revisions or additions to the regional Medical Direction Committee to address the deficiency. The Committee may also issue a statement that no action is recommended. Any complaints alleging violation of the EMS rules and regulations will be forwarded to the Regional OEMS Program Representative.

In addition, any EMS agency or hospital may report significant events (compliments or criticism of EMS responses) and untoward outcomes of EMS responses using the *Performance Improvement Referral/Comment Form*. Such referrals will be addressed as described above.

G. ONGOING PROGRAM REVIEW

The Council Staff and Committee will also address any issues that pertain to the quality assurance section of the Rules and Regulations from OEMS to integrate and include activities related to communications, all aspects of transport operations, and equipment maintenance. The PI Committee/Trauma Committee will meet at least quarterly and at any time an issue may deem it necessary. The PI/Trauma Committee will review the PI Plan at least annually and make any necessary changes to insure the efficiency and effectiveness of the program.

EMS AGENCY PERFORMANCE IMPROVEMENT PLAN

_____
AGENCY

Purpose: To enable this EMS agency to achieve excellence in the provision of emergency medical services by establishing a systematic and integrated performance assessment and improvement plan that:

1. Complies with Virginia EMS regulations as per 12 VAC 5-31-600 (limited to patient care)
2. Establishes mechanisms to evaluate the quality of patient care
3. Identifies opportunities to improve care

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Scope: All agency personnel.

Policy: This EMS agency shall have an active, ongoing PI Plan conducted by the Operational Medical Director (OMD) with the assistance of crew members on an ad hoc basis. The agency will also participate in the regional PI program as defined in the *SVEMS Regional Performance Improvement Plan for EMS Response.*

Principle: Performance Improvement (PI) is a process whereby an organization continuously monitors the quality of its work and institutes plans and policies with the goal of maintaining a minimal acceptable level of performance in all core areas at all times. An intended outcome is to improve performance to the highest levels of excellence attainable when opportunities for improvement arise.

PI has three modalities:

1. *Retrospective* – monitoring care that has already been provided, such as by Prehospital Patient Care Report (PPCR) review

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3. *Prospective* – improving care by instituting training policies, and plans and policies for specific situations and procedures

The PI loop is completed by identifying areas of patient care needing improvement and subsequent action taken to undertake that improvement.
At OMD discretion, some possible actions that may be indicated include, but are not limited to:

1. Focused in service education
2. New or revised plans or policies
3. Counsel crew personnel
4. Require member-specific additional education, training, or limitation of practice, etc

Procedure:

A. **Agency Review**—Retrospective PI will be conducted by the OMD by quarterly review of PPCR run sheets utilizing the EMS Performance Improvement Quarterly Report. Concurrent PI may be performed by the OMD on an ad hoc basis. Prospective PI is accomplished by OMD policies. Agencies may utilize the *EMS Performance Improvement Quarterly Report* (available for download from the Council website).

B. **Regional PI Projects**—The agency will participate in quarterly regional PI projects according to the guidelines specified in the *SVEMS Regional Performance Improvement Plan for EMS Response* and the *SVEMS Trauma Performance Improvement Plan*. Performance Improvement indicators for EMS Response, Trauma Response, and System Issues will be reviewed as defined in the Council plan. The Council plans are available for download from the Council website.

Quarterly review topics for the regional EMS PI program (EMS Response) are as follows:

- 1st quarter:_____
  _____
- 2nd quarter:_____
  _____
- 3rd quarter:_____
  _____
- 4th quarter:_____
  _____

Quarterly review topics for the regional Trauma PI program (Trauma Response) are as follows:

- 1st quarter:_____
  _____
- 2nd quarter:_____
  _____
- 3rd quarter:_____
  _____
- 4th quarter:_____
  _____

Quarterly review topics for system issues are as follows:

- 1st quarter:_____
  _____
- 2nd quarter:_____
  _____
- 3rd quarter:_____
  _____
- 4th quarter:_____
  _____

Reporting templates will be provided by the Council for regional PI projects.

C. **Reporting**—EMS agencies are required to submit pre-hospital patient care data to OEMS on a quarterly basis. Data will be submitted to the Council for indicators specified in the current *Performance Improvement (EMS Response) Plan* and *Trauma Performance Improvement (Trauma Response) Plan* using the online submission form or the *Quarterly PI Reporting Form* provided by the Council within 30 days of the end of the quarter. A copy of the submitted data will be filed at the agency, and a copy will be provided to the agency's OMD for review. The OMD will sign the form upon review and make any recommendations based upon data provided.

D. **Complaint Referral**—An agency and their OMD will attempt to address any performance issues identified through their PI process. If the issue cannot be resolved, it may be referred to the Council using a *Performance Improvement Referral/ Comment Form*. In addition, any EMS agency or hospital may report significant events (compliments or criticism of EMS responses) and untoward outcomes of EMS responses using the *Performance Improvement Referral/Comment Form.*

E. **Plan Review—**This plan will be updated yearly to according to new performance indicators defined in the Council PI and TPI plans.

_____ _____

Agency Representative Date

_____ _____

OMD Signature Date

Southwest Virginia EMS Council

Performance Improvement Referral/Comment Form

Your name:_____ Your title:_____

Your agency:_____ Today's Date:_____

Agency/facility/individual targeted for quality improvement: _____

EMS Incident number:_____ Patient Record number:_____

Receiving facility:_____

Date of incident:_____ Time of incident:_____

Patient age:_____ Patient date of birth:_____

Illness/Diagnosis:_____

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Purpose of Referral/Comment:

_____ Patient care _____ equipment issue _____ destination/diversion

_____ Other (describe) _____

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Attendant in charge: _____ Level of certification: _____

Attendant: _____ Level of certification: _____

Attendant: _____ Level of certification: _____

Attendant: _____ Level of certification: _____

Description of events/Comment (use back of paper if necessary): _____

_____

_____

_____

_____

_____

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Agency OMD: _____

Signature of person completing this form: _____

For QA Committee use only	Date received:	Action taken:

Quarterly PI Indicators FY2023

PI Indicators for FY 2023

SYSTEM INDICATORS

1st QTR: Scene times for patients with chief complaint of Stroke and/or STEMI
2nd QTR: Scene times for patients with chief complaint of Stroke and/or STEMI
3rd QTR: Scene times for patients with chief complaint of Stroke and/or STEMI
4th QTR: Scene times for patients with chief complaint of Stroke and/or STEMI

MEDICAL INDICATORS

1st QTR: Stroke Patient: Was stroke scale documented?
2nd QTR: Stroke Patient: Was last know normal time documented?
3rd QTR: Stroke Patient: Time from first medical contact to intervention.
4th QTR: Patient with altered mental status: Was blood glucose checked?

TRAUMA INDICATORS

1st QTR: Aircraft utilization and patient chief complaint
2nd QTR: Aircraft utilization and patient chief complaint
3rd QTR: Aircraft utilization and patient chief complaint
4th QTR: Aircraft utilization and patient chief complaint