**Section 100 – Management & Administration**

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| General Rules & Administration - 100 | | | |
| S.O.P # 100.19 | **Quality Assurance and Performance Improvement Committee and Strategic Plan** | | Page: 1 of 5 |
| EFFECTIVE: 10/14/2019 | | Authorized: Board of Directors | |
| REVISED: | |  | |

**Section 1**

**INTRODUCTION**

**100.19.01 Overview**

The Quality Assurance/ Performance Improvement (QAPI) Program is a systematic evaluation to ensure excellence in care within the operations of the EMS system. Quality Assurance is a formal methodology designed to assess the quality of services provided and includes formal review of care, problem identification, corrective actions to remedy any deficiencies and evaluation of actions taken. Performance Improvement is a continuous process that identifies problems in health care delivery, examines solutions to those problems, and regularly monitors the solutions for improvement. Utilizing a “Just Culture” model the QAPI Committee will place primary focus on the improvement of prehospital care and documentation.

**100.19.02 Mission Statement**

Jefferson County Emergency Medical Services QAPI Committee is a collaboration of the local First Responder Agencies and St. Charles Medical Center-Madras Emergency Department that evaluates the quality of prehospital emergency medical care delivered in its’ community; as well as identifies problems and examine solutions for improvement.

**100.19.03 Vision Statement**

Jefferson County Emergency Medical Services QAPI Committee is committed to ensuring the upmost quality in prehospital emergency medical care to the community by working in collaboration with the local First Responder Agencies and SCMC-Madras Emergency Department in maintaining, promoting and reviewing local and ECEMS treatment protocols, with the understanding the standard of care continually changes due to science based research.

**100.19.04 Objectives**

The goals of the QAPI committee are to improve patient outcomes by the following:

1. Ensure appropriate care is given to each patient safely and effectively; avoiding injuries to patients from care that is intended to help them.
2. Ensure treatment, especially in the trauma setting, is provided in a timely manner and the appropriate transportation is given to the appropriate facility.
3. Ensure the treatment protocols are up to date with the current standard of care.

**Section 2**

**PLAN**

**100.19.05 Committee Structure**

The committee will be comprised of, but not limited to, the following personnel:

* EMS Medical Director
* Representative of Jefferson County EMS District
* Representative of Jefferson County Fire District #1
* Representative of St. Charles Medical Center – Madras, Emergency Department
* A member at large from the community

The members of the committee shall elect a Chairperson, Vice-Chair and secretary. Their duties are as follows:

* Chairperson
  + Ensure meetings are scheduled
  + Conduct meetings
* Vice-Chair
  + Assumes the responsibilities in the absence of the Chairperson
* Secretary
  + Take minutes and keep record of the meetings
  + Make minutes available to contributory agencies

**100.19.06 Meetings**

The committee will meet at least quarterly. The meetings will address the following:

* Presentation of education programming that is developed as part of QAPI efforts
* Updates on local, regional, and state QAPI Issues
* Local case reviews
* Review of selected patient care reports

The committee will select three to five areas or topics to review annually. The topics may be based on:

* Reports fitting trends that are being researched by this committee
* Reports fitting trends of state or national EMS research
* Complaints received regarding patient care

Examples of areas or topics may include:

* Cardiac Arrest
* Trauma Entries
* Use of an advanced airway or RSI
* Scene times
* Use of a new protocol or medication

A representative from each first response agency in this committee will provide patient care reports for review to the committee secretary at least 10 business days prior to scheduled meetings.

The committee will review the progress of the areas of focus each quarter. When the committee is satisfied that an area or topic has sufficiently met the desired parameter for improvement that area of review may be exchanged for a new area of focus or topic.

In reviewing patient care reports, the QAPI Committee will do the following:

* Patient Care Reports will be checked for
  + Accuracy and completeness
  + Time of call for help to patient contact
  + Accuracy of patient assessment and documentation of the assessment
  + Adherence to patient protocols
  + Patient outcome
  + Appropriateness of care and skills proficiency
  + Appropriateness of time spent on scene
  + Appropriateness of destination hospital
  + Patient sign offs
* Meaningful feedback will be provided to all EMS providers regarding their documentation.
* Reports will be provided to participating agencies’ Training Officers.
* Report non-compliance with established documentation standards and or violation of protocols without suitable cause. These incidents will be viewed using a “Just Culture” model. Reports will be made to the agency’s Chief and Training Officer and as appropriate the Medical Director.

**100.19.07 Training**

QAPI will be a driving force in the development of the Jefferson County EMS annual training program. The QAPI Committee will make recommendations quarterly to the EMS Training Officers about materials and topics that should be reviewed.

**100.19.08 Limitation of QAPI Committee**

The QAPI program is not intended as a disciplinary process. It is important that committee members understand in some cases not all prehospital care reports will be reviewed and only the reports meeting the specific area of focus for the identified timeframe and parameters will be reviewed.

**Section 3**

**Patient Confidentiality**

**100.19.09 HIPAA Considerations**

Since its enactment in 2003, the federal Health Insurance Portability and Accountability Act (HIPAA) has provided strict guidance on how protected health information (PHI) can be utilized with the health care industry, including emergency medical services.

In summary, the major purpose of HIPAA is to:

* Establish a universal language for healthcare providers and payers of healthcare services;
* Modify pre-existing privacy standards;
* Give patients new rights to access their own health care records and to know who else has access to them;
* Restrict disclosure of health information to the minimum number of people needed to fulfill the intended purpose;
* Establish new criminal and civil sanctions for improper use and disclosure; and to
* Establish new requirements for access to records by researchers and others.

Our discussion of HIPAA requirements within the scope of this document is limited to the use of PHI in the quality improvement process. As stated in 45CFR164.512:

*A covered entity may disclose PHI to a health oversight agency for said oversight activity authorized by law including audits; civil administrative or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative or criminal proceedings or actions; or other activities necessary for appropriate oversight in the health care system*

Notwithstanding any other provision of law, none of the records or documentation or QAPI committee actions or records required pursuant to Oregon Reviewed Statutes, except as provided in any other provision of law, and no person in attendance on a QAPI Committee shall be required to testify as to what transpired at a QAPI review.

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 in a QAPI Committee, shall not be subject to any action, civil damages or other relief as a result of such activity.

Therefore, according to HIPAA and other applicable standard practices, PHI may be shared among and between covered entities including, but not limited to: service level QA/PI committees; regional level QAPI Committees; Hospital QAPI Committees; and Oregon State EMS QAPI Committees.

**100.19.10 Members’ Responsibility of Confidentiality**

All members of the QAPI Committee will hold all information specific to individual calls and/or providers in the strictest confidence. Failure to comply with this rule will result in dismissal from the QAPI Committee and disciplinary action appropriate to the breach of confidentiality.