



Oswego County EMS

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Continuous **Q**uality **I**mprovement Manual

Revision 5
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1.0 Purpose

Oswego County Emergency Medical Service (EMS) agencies are required to have a Continuous Quality Improvement (CQI) program in place, in accordance with New York State Public Health Law Article 30 Section 3006. This manual will

- assist Oswego County EMS in instituting a CQI program compliant with applicable State regulations and Regional guidance
- outline CQI committee membership and meeting requirements
- describe activities and tasks required to implement the Oswego County CQI program at the agency and county levels

2.0 Authority

The activities in this manual are conducted in accordance with and within the authority of the following regulations:

- New York State Health Law Article 28

Law requires that all hospitals have a pre-established, pre-hospital interactive system (mechanism) in place. A meeting between medical facility staff, to included doctors and nurses from both the hospital and the community, and pre-hospital care providers, shall be held at least quarterly to discuss the quality of pre-hospital patient care.

- New York State Health Law Article 30 (Section 3006)

Establishes that every ambulance service and advanced life support first response service shall:

- a. Establish or participate in a Quality Improvement program, which shall be an ongoing system to monitor and evaluate the quality and appropriateness of medical care provided by the ambulance service or advanced life support first response service; and
- b. Pursue opportunities to improve patient care and resolve identified problems

- 405.19 Regulations

- a. Require a review of emergency services at least four times a year as part of a hospitals overall CQI program
- b. Require review of medical control and medical oversight of the system for prehospital emergency medical services.
- c. Require review of on-scene triage procedures and protocols for those patients in need of specialized care at designated hospitals (i.e., trauma center, burn center, etc.)
- d. Require review of protocols and emergency care provided for patients. This must include prehospital care providers, emergency service personnel and appropriate physicians.

3.0 Standards

- 3.1 The activities, tasks and decisions made in the course of CQI are guided by the following standards:
 - a. New York State Health Law Article 30 and 30A
 - b. New York State Emergency Medical Services Code Part 800
 - c. New York State Department of Health, BEMS, "Quality Improvement for Prehospital Providers", version 1 March 2007
 - d. Central New York Regional CQI Manual, revised April 2010
 - e. New York State Department of Health, Statewide Basic Life Support Adult and Pediatric Treatment Protocols.
 - f. Central New York EMS Advanced Life Support Protocols
- 3.2 When specific guidance is not available, the County or Regional EMS Medical Director shall provide needed guidance.

4.0 Scope

- 4.1 This manual is intended to provide specific direction on the conduct of County CQI activities.
- 4.2 This manual shall also provide guidance on the conduct of agency level CQI.
- 4.3 Oswego County CQI recognizes that CQI begins at the agency level. Oswego County CQI is reliant on such efforts to resolve issue at the individual provider or service level. Agencies may bring any CQI issue before the County CQI Committee at their own discretion, or when the agency cannot resolve the issue internally.

5.0 Committee Membership and Responsibilities

- 5.1 Membership shall include as a minimum:
- One (1) Chairperson (County EMS Coordinator)
 - One (1) Vice-Chairperson (EMSAC Chairperson)
 - One (1) Physician
 - One (1) Registered Nurse or Nurse Practitioner
 - One (1) Fire service representative
 - One (1) CQI Chairperson or designee from each county ambulance corps and each ALS First Response agency
 - One (1) 911 Center representative
- 5.2 Each entity represented above may appoint one alternate member to the Committee.
- 5.3 Committee member's shall:
- a. Present quality improvement data to the Oswego County CQI Meeting
 - b. Receive and review data from any entity
 - c. Notify the Committee of significant issues related to the provision of quality prehospital care at the member's respective service.
 - d. Receive and review data from the member's respective service and recommend to the Committee any changes in administrative policies and procedures.
 - e. Receive and review reports from the Committee on:
 - Quality of care
 - Compliance with standards listed in section 3.0 of this document
 - Concerns filed by patients or their families
 - Occurrences of incidents, injurious or potentially injurious to patients
 - f. Establish and/or provide continuing educational programs to address areas in which compliance with standards needs to be improved.
 - g. Participate in the prehospital care reporting system.
 - h. Hold all CQI information as strictly confidentiality. (see section 9.0 of this document)

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- 5.4 The Committee shall meet at least quarterly, or as needed to fulfill the committee's responsibilities. Written meeting minutes shall be taken and maintained, in a secure location, by the Oswego County EMS Coordinator.

6.0 Activities

- 6.1 The County CQI Committee shall implement the actions contained in Attachment 6.1 of this document.
- 6.2 Agency CQI Committees (transporting or ALS First Response services) shall implement the actions contained in Attachment 6.2 of this document, OR shall develop their own written CQI policies. All CQI policies must conform to the standards set forth by the state, region, and this manual.
- 6.3 Any entity requesting a review of any Pre-hospital care incident shall complete "Patient Care Concern Reporting Form" in section 8.0 of this document and forward it to Oswego County CQI.
- 6.4 Actions identified from the above activities may include any of the following:
 - a. Recognition of outstanding performance
 - b. Recognition of positive performance that is desired to be repeated
 - c. Intervention/interview with affected providers
 - d. Requirement of preventative or corrective action via training to agency or county personnel
 - e. Elevation to the County Medical Director, Regional Medical Director or Regional CQI Committee.
 - f. No action (either due to corrective actions already taken by the service, or due to the nature/extent of the problem)
- 6.5 The following shall be reported to the CNY EMS Regional office immediately:
 - a. Esophageal intubations
 - b. Medication errors
 - c. Patient abandonment issues
 - d. Practicing medicine without a license
 - e. Protocol errors and deviations
 - f. Situations that might immediately place patients in dangerRefer to the CNY EMS Regional CQI Manual for further guidance
- 6.6 The following shall be reported to the NYS EMS Regional Office and the CNY EMS Regional Office immediately
 - a. Noncompliance with part 800.15: Required Conduct
 - b. Noncompliance with 800.16: Suspension or Revocation of Certification
 - c. If a patient dies, is injured or otherwise harmed due to actions of omission or commission by a member of an agency

Attachment 6.1

County CQI Meeting Requirements

a. Quorum Requirement

A quorum shall consist of the following as a minimum:

- Chairperson
- 4 or more members from ambulance or ALS First Response agencies

b. Agenda

The agenda shall consist of the following items:

- Reading of the Confidentiality Statement (in section 9.0)
- Record attendance and verify quorum
- Recognize excellent patient care or positive provider behaviors or actions from each agency
- Follow-up on any open case reviews
- Each agency to present :
 - Two cases (using “Case Review and Disposition Form” in section 8.0 to record)
 - Results of most recent agency meeting including any findings
 - Recognition of any practices that should be encouraged or incorporated into standards
- Review of PCRs in accordance with regional/agency/hospitals requests
- Assess above data for trends and
 - Determine the need for protocol or system management changes
 - Develop recommendations to REMAC
 - Determine the need for agency or county-wide training
- Reports of the status of County, Regional or State-wide studies and initiatives
- Review of current issues that effect patient care and the agency

c. Meeting Minutes

Meeting minutes will be developed by the County CQI Chairperson and will be maintained in accordance with NYS DOH Law Article 30 section 3004-A

d. Breach of Confidentiality

Any breach of confidentiality will be reported to the Regional CQI Executive Committee for review and action.

e. State/Regional Assistance

If the County CQI Committee is unable to reach consensus on an issue, or if additional resources are required to properly handle the CQI investigation, the County CQI Chairperson shall request assistance form the Region or State.

f. Appeals

Any person wishing to appeal a County CQI action or decision may do so in writing to the Regional Executive CQI Committee within 30 days of the decision.

Attachment 6.2

Agency CQI Meeting Requirements

a. Quorum Requirement

A quorum shall consist of the following as a minimum:

- Chairperson
- Two or more providers, at least one of which is the highest level certification provided by the service

b. Agenda

The agenda shall consist of the following items:

- Reading of the Confidentiality Statement (in section 9.0)
- Record attendance and verify quorum
- Recognize excellent patient care or positive provider behaviors or actions
- Follow-up on any open case reviews
- Review the following using the “Case Review and Disposition Form” in section 8.0 or equivalent:
 - A minimum of 5% of the cases generated by an agency during the review period
 - The above sample should include the following types of calls in addition to randomly selected cases:
 - Arrests
 - Intubations
 - Narcotic use
 - Pediatric ALS
 - Refusals
 - Cancellations
 - Recognition of any practices that should be encouraged or incorporated into standards
- Review of PCR’s in accordance with regional/agency/hospitals requests
- Assess above data for trends and
 - Determine the need for protocol or system management changes
 - Develop recommendations to REMAC
 - Determine the need for agency or county-wide training
- Review of current issues that affect patient care and the agency
- Document issues and findings to be raised at the County CQI meeting

c. Meeting Minutes

Meeting minutes will be developed by the Agency CQI Chairperson and will be maintained in accordance with NYS DOH Law Article 30 section 3004-A

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d. Breach of Confidentiality

Any breach of confidentiality will be reported to the Regional CQI Executive Committee for review and action.

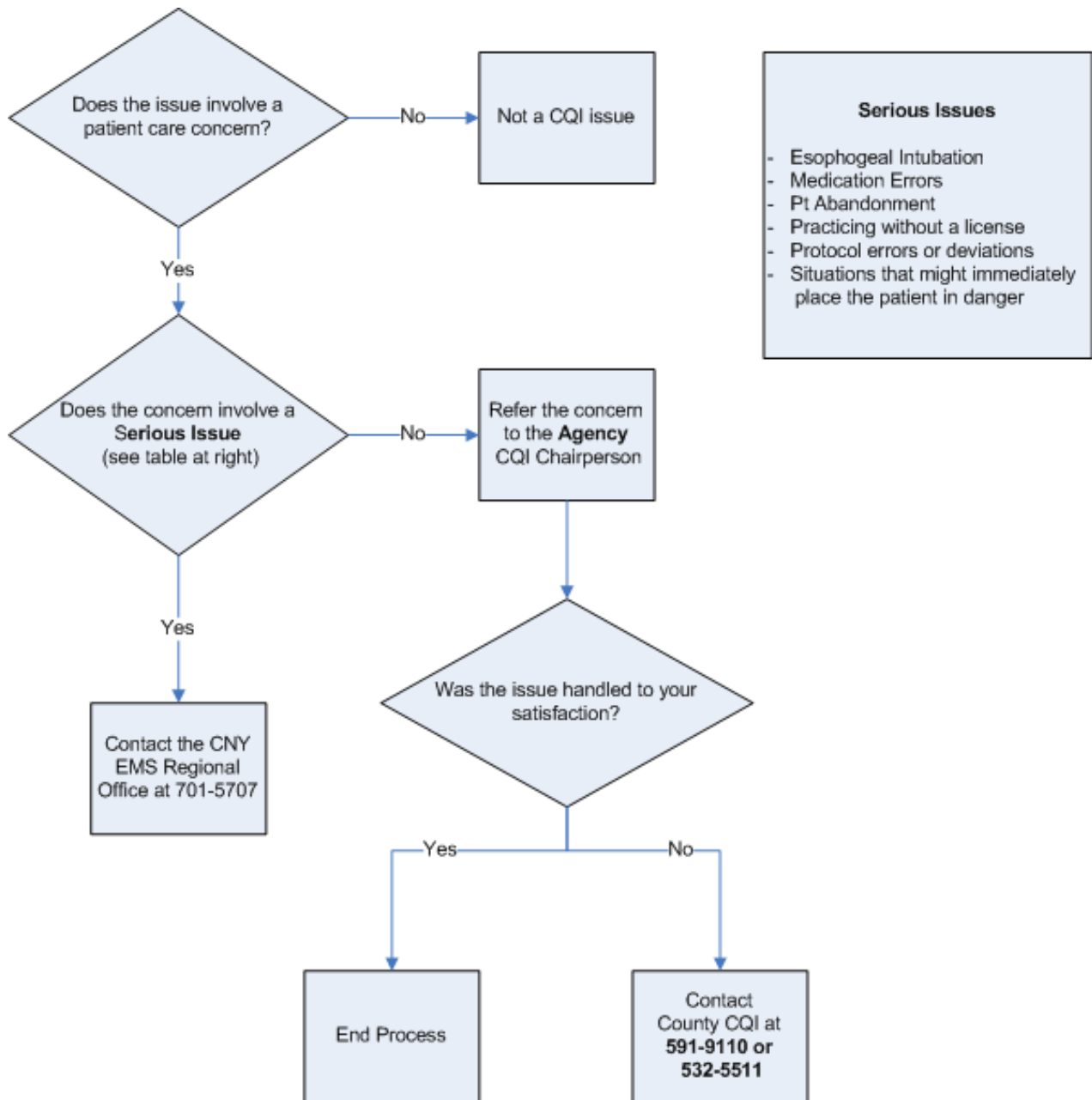
e. State/Regional Assistance

If the Agency CQI Committee is unable to reach consensus on an issue, or if additional resources are required to properly handle the CQI investigation, the Agency CQI Chairperson shall request assistance from the County, Region or State.

f. Appeals

Any person wishing to appeal an Agency CQI action or decision may do so in writing to the Regional Executive CQI Committee within 30 days of the decision.

7.0 Oswego County CQI Process



8.0 Forms



Oswego County EMS CQI Program



Case Review and Disposition Form

PCR # _____ Call Date _____

Providers(s) _____

Reviewed by: _____ Review Date: _____

All fields complete? Yes No _____

Right data in the right fields? Yes No _____

Appropriate PE? Yes No _____

Appropriate Treatment? Yes No _____

Required attachments? Yes No _____

Time from dispatch to response (min): _____ Time on scene (min) _____

Other _____

Overall acceptable? Yes No

Follow-up actions:

Describe:

immediate action required

track provider for future issues



Oswego County EMS CQI Program



Patient Care Concern Reporting Form

Who is reporting the concern?

Name (print) _____ Phone Number _____

When did the concern occur?

Date _____ Time _____

Who does the concern involve?

Patient name (print) _____

Name of agency Involved (ambulance, fire dept, 911 Center or hospital) _____

Name of the provider(s) involved (if known) _____

What is the concern? (please be detailed)

May we contact you for further information? yes no

Do you wish to be contacted regarding the outcome of this issue? yes no

Send to: (315)591-9176 (fax) or cqiconcern@oswegocounty.com or Oswego County EMS, 200 North 2nd St., Fulton, NY 13069

CQI Committee use only

Disposition

Turn over to the following agency name/agency/date provided _____/_____/_____

Bring to next County CQI meeting

Provide to Region or State (circle one): name/agency/date provided _____/_____/_____

Contacted originator regarding disposition name/agency/date provided _____/_____/_____

9.0 Confidentiality Statement

As a member of the Oswego County Continuous Quality Improvement Committee, you will review a great deal of sensitive material regarding prehospital emergency care. The material is supplied to us by services, hospitals and individuals for the purpose of improving the system. It is given to you with the understanding that it shall be used only for that purpose. The nature, details and other information regarding the call, incident or other occurrence shall go no further than this Committee.

As a member of the Oswego County CQI Committee, you may not divulge any information regarding the committee's deliberations to anyone. This includes family members or relatives, your service director, other officials unless directed to do so by the Committee Chairperson. All written material, conversations that took place during, or as a result of the CQI meeting, or any other communication pertaining to CQI is considered confidential.

10.0 Service CQI Contacts

Agency	Contact Name	Phone #	Phone #	Email
Menter (primary)	Zach Menter	592-4145	592-4146	zmenter@oswegocountyambulance.org
Menter (alternate)	Jim Jones	591-9110	532-5511	jjones@oswegocounty.com
McFee (primary)	Stan Krawczyk, Sr.	963-7244	746-0088	skrawczyk@twcny.rr.com
McFee (alternate)	Stan Krawczyk, Jr.	963-7244		sfkrawczyk@yahoo.com
NOCA (primary)	Norm Wallis	298-6154	334-2319	nwallis@noca-ems.com
NOCA (alternate)	John Macklen	298-6154		jmacklen@noca-ems.com
North Shore (primary)	Kathy LaVigne	623-9473		lavignekv@live.com
North Shore (alternate)	Mark Demma	675-8433		babieca1@netzero.com
Novelis	Karen Abbott	592-1351		kabbott@oswegocountyambulance.org
Oswego Fire (primary)	Ron Nelson	343-2161	402-7001	rnelson444444@gmail.com
Oswego Fire (alternate)				
SAVAC (primary)	Tyler Cominsky	312-4003		cominsky@oswego.edu
SAVAC (alternate)				
SOVAC (primary)	Mike Montgomery	676-5071		mmontgomery@sovac.org
SOVAC (alternate)				
911 Center (primary)	Mike Allen	349-8215		mallen@oswegocounty.com
911 Center (alternate)	Sue Buske	349-8215		sbuske@oswegocounty.com
Oswego Hospital (primary)	Dave Ramsey	349-5522		dramsey@oswegohealth.org
Oswego Hospital (alternate)				
Oswego Town FD	Brad or Margaret Beers	343-2189	349-5712	MMombeers@aol.com
Minetto (primary)	unknown			
Minetto (alternate)				
New Haven (primary)	Jim Cronk			jcronk14@twcny.rr.com
New Haven (alternate)				
Palermo (primary)	Bob Loomis	592-5575		rwloomis@twcny.rr.com
Palermo (alternate)				
County CQI Chairperson	Jim Jones	591-9110	532-5511	jjones@oswegocounty.com
County CQI (alternate) Chairperson	Norm Wallis	298-6154		nwallis@noca-ems.com