

Oswego County Emergency Medical Services Advisory Council



Oswego County EMS

CQI Manual

Revision 3
May 2003

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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
- outline CQI committee membership requirements
- describe activities and tasks required to implement the Oswego County CQI program

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

Requires that the hospital have a pre-established, pre-hospital interactive system (mechanism) in place. Quarterly integration is a mandated minimum requirement. There must be medical interface regarding the quality of prehospital patient care, which includes physicians (from both the community and the hospital), nurses and prehospital care providers.

- 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 hospital's 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, Statewide Basic Life Support Adult and Pediatric Treatment Protocols.
 - d. 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

The scope of this manual is to provide guidance on the tasks and activities required to implement a County-wide CQI program. Oswego County CQI recognizes that CQI begins at the individual service or squad level. Oswego County CQI is reliant on such efforts to resolve issue at the individual provider or service level. Service or squads may elevate any CQI issue to the County CQI level at their own discretion, or when cannot resolve the issue.

5.0 Committee Membership and Responsibilities

- 5.1 Membership should number at least seven individuals, to include as a minimum:
- One Chairperson (elected from members below)
 - One Vice-Chairperson (elected from members below)
 - One physician
 - One nurse
 - Three prehospital providers
 - County EMS Coordinator
- 5.2 Each ambulance service or ALS first response service may appoint one primary and one alternate member to the Committee.
- 5.3 Responsibilities of Committee members are as follows:
- a. Present quality improvement data to the Oswego County EMSAC
 - b. Receive and review data from the members respective service
 - c. Notify the Committee of significant issues related to the provision of quality prehospital care at the members respective service.
 - d. Receive and review data from the members 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
 - Grievances 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. Members shall hold all CQI information in strictest confidentiality. (see section 9.0 of this document)
- 5.4 The Committee shall meet at least quarterly, or as needed to fulfill the committees responsibilities. Written meeting minutes shall be taken and maintained by the Oswego County EMS Coordinator, and maintained in a secure location.

6.0 Activities

- 6.1 Individual service CQI Committees (transporting or ALS first response services) may implement the actions contained in Attachment 6.1 of this document.
- 6.2 The County CQI Committee should implement the actions contained in Attachment 6.1 of this document.
- 6.3 Any of the forms contained in the "Workbook for Quality Assurance/Improvement" (New York State Department of Health) may be used to record the above data.
- 6.4 Corrective actions identified from the above may include any of the following:
 - a. intervention/interview with affected providers
 - b. requirement of corrective action via service training personnel
 - c. elevation to the County Medical Director, Regional Medical Director or Regional CQI Committee.
 - d. No action (either due to corrective actions already taken by the service, or due to the nature/extent of the problem)
 - e. Recognition of outstanding performance
- 6.5 The above activities may be organized into each meeting as follows:
 - Review of confidentiality statement and purpose of CQI Committee
 - Outstanding audits
 - Crew of the month nominations
 - Service CQI reports
 - Old business
 - New business

Attachment 6.1
Service and County CQI Matrix

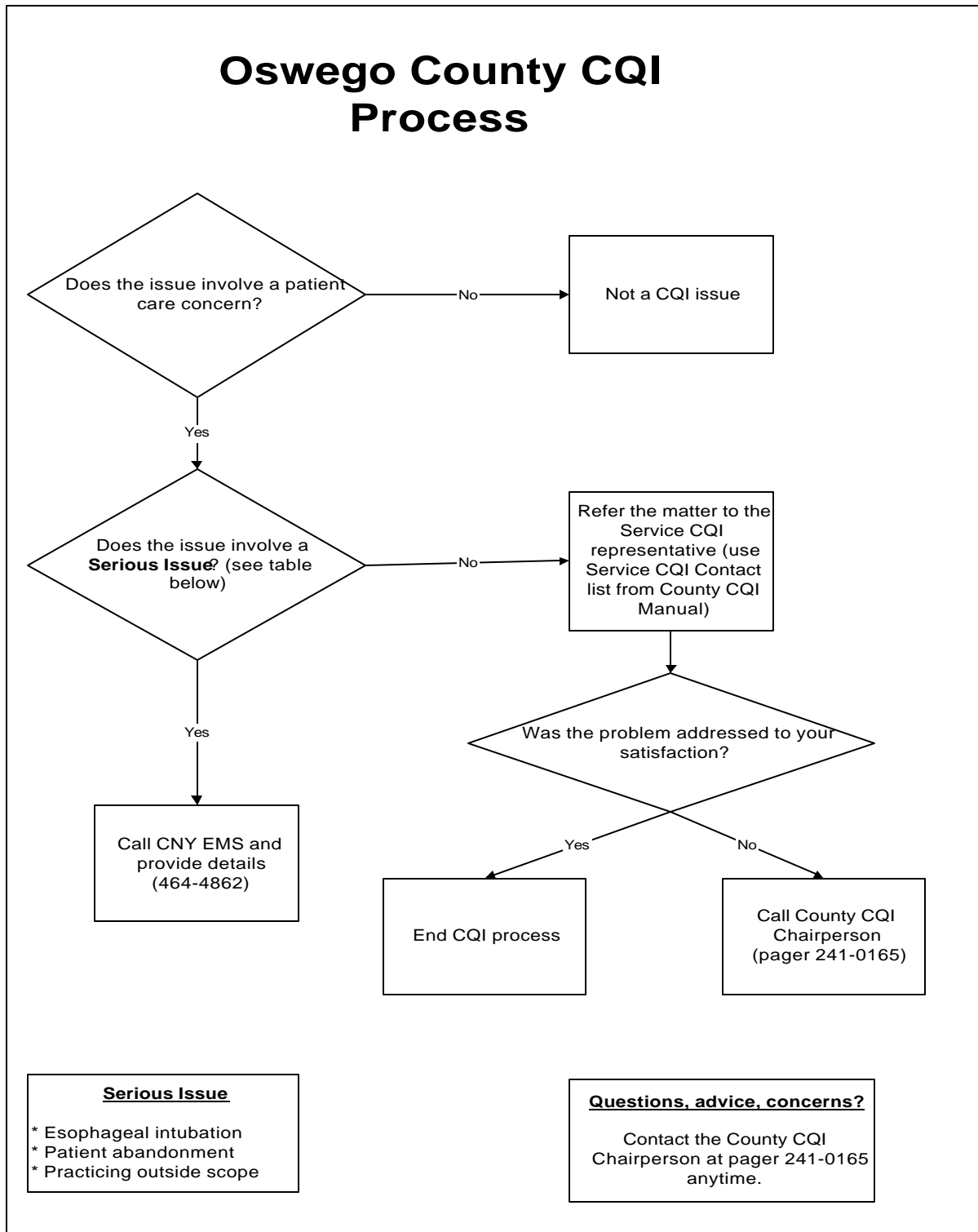
Activity	Service CQI Responsibility	County CQI Responsibility	Frequency
Select Prehospital Care Reports that meet any of the following criteria: <ul style="list-style-type: none"> a. Pediatric transports b. Medical control/service requests c. * Cardiac arrest/obvious death d. * Multiple trauma e. * Shock of any origin f. Unconscious/unknown cause g. Heart rate < 60 or > 120 h. BP >160/90 or < 90 systolic i. Respiration > 28 or < 12 j. Service/provider/patient/family/ hospital complaint k. Protocol deviation l. * GCS < 13 m. *Any other issue of concern *minimum recommended by NYSDOH 	X		Quarterly
Review of Medical Control actions associated with above	X		Quarterly
Review of dispatch/prearrival instruction/communication activities and actions	X	X	Quarterly

Attachment 6.1 (continued)

Activity	Service CQI Responsibility	County CQI Responsibility	Frequency
Review above activities and: <ul style="list-style-type: none"> a. determine/develop corrective actions b. determine the need for individual/service/county-wide corrective action c. determine the need for provider recognition in cases of outstanding performance 	X		Quarterly
Review service CQI Activities		X	Monthly
Develop data and trends based on above activities, and <ul style="list-style-type: none"> a. determine the need for protocol or system management changes b. determine the need for individual/service/county-wide training 		X	Annually
Review the efficacy of corrective actions taken.		X	Monthly

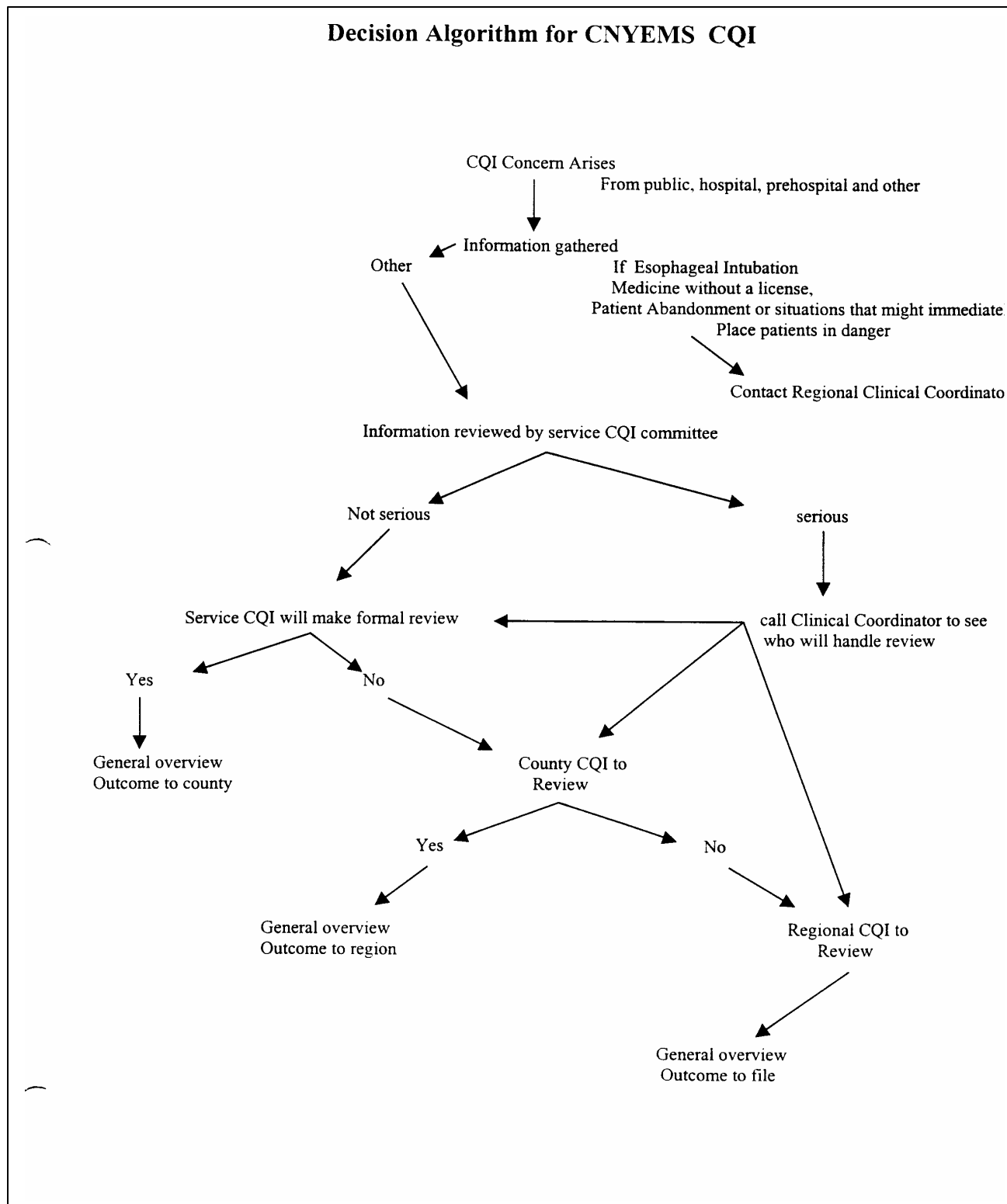
7.0 CQI Process

7.1 County CQI Process



7.0 CQI Process (continued)

7.2 Regional CQI Process



8.0 Documentation

Any forms may be approved for use by the Oswego County CQI Committee

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 will be used only for that purpose. The nature, details and other information regarding the call, incident or other occurrence will go no further than the 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 or anyone else 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 in any form is considered confidential. All written material shall be numbered, signed for by the receiver and returned at the end of the meeting.

10.0 Service CQI Contacts

(Revised 12 May 2003 2003)

Name	Service	Day Phone #	Night Phone #
Sandie Hargrave	McFee	298-6569 x287	963-4157
Stan Krawczyk	McFee	457-6211 x534	342-2982
Jim Hargrave	McFee	349-2405	963-4157
Bob Hayes	911 Center	349-8515	
Barb Manchin	SOVAC	341-2770	668-6902
Sue Edee	SOVAC	474-9383	668-2873
Beth Gigon	Oswego Hospital	349-5522	
Mark Murray	Oswego Fire Dept.	343-2161 (work)	343-3530
Justin Norfleet	Oswego Fire Dept.	343-2161	607-227-5116
Rich Duvall	NOCA	298-6220	
Dave Maier	NOCA	298-6220	
Jim Jones (Chairperson)	Menter/ Nine Mile Point	349-4486	Pager 241-0165
Valerie Loock	North Shore	675-3782	675-3782
Open	Lee Memorial	598-9750	
Open	SAVAC	341-4003	341-4003
Brad or Margaret Beers	Oswego Town FD	343-2189	349-5524
Jack Lee	Alcan	342-3984	349-0427
Sandi Hargrave	New Haven	298-6569 x287	963-4157
Mike Wilcox	New Haven		