



# Continuous Quality Improvement (CQI) Plan

**Whatcom County EMS  
and Trauma Care  
Council**

**2015**

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The Continuous Quality Improvement (CQI) Program provides leadership to the EMS community by collaborating with stakeholders to establish and maintain best practices that ensure the highest quality care for the patients of Whatcom County.



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## **Introduction**

The Whatcom County EMS and Trauma Care Council (WCEMSTCC) has developed this plan in accordance with Washington State guidelines ([WAC 246-50-020](#)) to articulate the process that is used to monitor and address challenges in the quality of pre-hospital patient care in Whatcom County. The Continuous Quality Improvement (CQI) Program provides leadership to the EMS community by collaborating with stakeholders to establish and maintain best practices that ensure the highest quality care for the patients of Whatcom County.

Continuous Quality Improvement (CQI) is a process derived from a philosophy that focuses on processes rather than on individuals, and which contends that improvements can be made in most areas. Both internal and external "customers" are incorporated into that focus. The scientific method is at the core of CQI, requiring objective data to analyze and improve processes to meet the needs of those we serve and to improve the services we offer. Through the use of CQI we can offer our patients evidence-based best practices which are continually evolving to provide the highest quality, standardized care throughout Whatcom County. CQI can only function well in an environment that fosters input from all levels of personnel in the prehospital system, and that provides consistent standardized feedback to the system participants. This CQI plan describes in detail how cooperation among all Whatcom County EMS providers, transporting agencies, and receiving hospitals will document and manage quality in the pre-hospital system.

## **Quality Improvement Authority and Protection**

The Medical Program Director (MPD) is responsible for the regulatory oversight of all Emergency Medical Services in Whatcom County. A portion of that oversight is accomplished through the CQI program ([WAC 246-976-920](#)). The MPD separates the responsibility for the components of the CQI process between the Continuous Quality Improvement Committee and the individual pre-hospital agency Quality Assurance (QA) representative (or their alternate). CQI representatives share responsibility within their agency for internal CQI processes related to personnel, equipment and supplies, safety, skills maintenance, and competency.

Participants in the CQI Committee approved by DOH under [RCW 43.70.510](#) are not subject to any action for civil damage for such CQI activity. This statute also provides confidentiality and exemption from courtroom discovery. Members of the CQI Committee are held harmless by the DOH when the function is in accordance with [RCW 18.71.215](#) and [WAC 246-50-020](#).

## Overview of the EMS System and CQI

Whatcom County EMS coordinates the delivery of EMS service to the citizens of Whatcom County, responding in an area of over 2100 square miles and serving a population of over 205,000. The system operates through partnerships among Whatcom County Fire Districts, Municipal Fire Departments,, private ambulance providers, PeaceHealth St. Joseph Medical Center, and others involved in providing high quality pre-hospital medical care. EMS response in Whatcom County is tiered to ensure patients receive care by the most appropriate care provider.

### Governance

The clinical CQI program for the Whatcom County EMS System employs an integrated process, incorporating all EMS stakeholders within its jurisdiction. Coordinating EMS activities, including quality improvement efforts, is the responsibility of the Whatcom County EMS and Trauma Care Council (WCEMSTCC). The Medical Program Director (MPD) is a member of the Council, and is contractually and legally responsible for quality improvement ([WAC 246-976-920](#)).

### Continuous Quality Improvement (CQI) Plan

The Whatcom County CQI plan is an inclusive, multidisciplinary process that focuses on identification of system-wide opportunities for improvement. CQI refers to methods of data evaluation that consider factors such as **structure**, **process**, and **outcome**. Improvement efforts focus on identification of the root causes of problems, interventions to reduce or eliminate these causes, and the development of steps to correct inadequate or faulty processes. Additionally, the CQI plan can assist constituent groups to recognize excellence in performance and delivery of care. The goal of CQI is not disciplinary in nature, but rather to use the analysis of high quality data for ongoing educational efforts.

### The use of indicators in the CQI process

The use of Key Performance Indicators (KPIs) is one effective way to monitor the quality of patient care in the pre-hospital arena. The Whatcom County CQI program utilizes regional, state, and national indicators and benchmarks, allowing agencies to uniformly review aspects of patient care, some of which may identify potential risk. Other indicators can guide targeted studies to assess the effectiveness of new medical equipment and/or processes. Additionally, there may be issues that require development of benchmarks used to measure system performance in Whatcom County. The MPD will provide leadership, with input from the system stakeholders, regarding the prioritization of key performance indicators. All provider agencies will measure performance against established standards of care.

### CQI Committee

At the core of the Whatcom County CQI process is the Continuous Quality Improvement (CQI) Committee, a multidisciplinary group with representation from PeaceHealth St. Joseph Medical Center, provider agencies, EMS dispatch, prehospital research activities, EMT's, paramedics and the County MPD. The CQI

Committee provides leadership for the clinical oversight and quality management of pre-hospital patient care in the county. Continuous quality improvement is achieved through assessment of EMS education, clinical care, research, evidence-based implementation of initiatives, monitoring the outcomes of the changes implemented, and the ongoing study of EMS practice for continued progress. The CQI Committee works closely with the Education Committee of the WCEMSTCC to identify, implement and evaluate new initiatives. The CQI Committee will review special cases, issues that have been submitted through the EMS/ED Event Report process, and the analysis of indicator data, to reveal possible trends, underscore exemplary practice, and to seek solutions for system issues.

## **Whatcom County EMS & Trauma Care Council (WCEMSTCC)** **WAC 246-50-020 (1) (a)**

General Council members are elected, and represent consumers, provider agencies, companies, and other organizations involved in the delivery of pre-hospital emergency medical services in Whatcom County. The Council collects and reports information on a variety of issues to stakeholders, may recommend a course of action, or may direct the appointment of a committee to investigate an issue further and undertake specific activities. In addition, the Council is responsible for the Ongoing Training and Evaluation Program (OTEP) for EMS Responders in the county, as well as public relations and clinical research responsibilities. The CQI Committee is charged by the WCEMSTCC to perform CQI activities for the EMS system in Whatcom County.

### **Outline of WCEMSTCC Responsibilities related to CQI:**

1. Develop and implement the local CQI plan based on DOH EMSTS Regulations.
2. Facilitate the formation of and support the activities of the Continuous Quality Improvement Committee.
3. In collaboration with provider agencies and the CQI committee, promote and support efforts to evaluate indicators for performance and outcome measurement.
4. Maintain summary CQI reports submitted by provider agencies used to evaluate the effectiveness of the system-wide CQI plan, and provide feedback to the CQI committee regarding potential modifications.
5. Oversee the development of any indicated performance improvement processes.
6. Collaborate with regional EMS & Trauma Care organizations and WA State DOH EMSTS to develop future indicators.
7. Facilitate the development of EMS education and training programs for provider agencies in accordance with the implementation of the CQI plan.
8. Monitor and report progress of CQI process to the Regional EMS & Trauma Care Council.

# CONTINUOUS QUALITY IMPROVEMENT COMMITTEE

## WAC 246-50-020 (1) (b)

### Purpose

- To advise and assist the Whatcom County Medical Program Director to monitor and trend quality issues that are reported by the EMS system participants
- To discuss current trends and research in EMS care that has an impact on pre-hospital care
- To facilitate proactive collaboration and education among prehospital providers throughout the continuum of patient care, beginning with dispatch through ED disposition
- To review information developed through the use of Key Performance Indicators (KPIs)
- To use a multidisciplinary approach for issue resolution
- To promote county-wide standardization of the quality improvement process with an emphasis on education,
- To provide timely feedback to all pre-hospital caregivers on issues and trends discussed by the committee
- To provide clinical outcomes and related information to pre-hospital agencies and their providers following treatment and transport by EMS
- To engage EMS responders in elements of performance for Emergency Systems of Care (e.g. STEMI, Trauma, and Stroke programs)

### Membership of the Committee

The make-up of this committee is designed to ensure that all stakeholders in the continuum of patient care are represented and have input into CQI efforts. All members of the CQI Committee will be required to complete a **CQI Committee Application**. Applications will be considered and voted upon by the general membership of the WCEMSTCC, and all approved applications will be filed with the Washington State Department of Health Office of EMS and Trauma System. Membership of this committee will be on a voluntary basis.

### Officers of the CQI Committee

Committee officers are elected by committee members and shall consist of two co-chairpersons, one of which is the MPD, an EMS Quality Coordinator, and a Secretary. The Co-Chairs serve as the liaisons between EMS agencies and the rest of the medical community, as well as between the CQI Committee and the WCEMSTCC. The MPD will translate CQI Committee findings into protocol as appropriate. The election of officers shall take place at the last meeting of the calendar year and officers shall assume duties at the first meeting of the next year. Officers shall serve for a period of two years, for up to three terms. The election of officers is staggered so as to maintain a measure of continuity when leadership transitions occur.

## **Duties of the Officers of the CQI Committee**

### **MPD, as Co-Chair:**

(see sections below on Oversight and MPD Responsibilities)

### **Elected Officers:**

Co-Chair: develop and distribute each meeting agenda, facilitate full participation at meetings to ensure that all relevant matters are discussed and that effective decisions are made and carried out; represent the Committee on initiatives, projects, and/or at meetings with various stakeholders; delegate tasks among volunteers and follow-up to effective completion; ensure confidentiality of protected health information utilized during meetings; coordinates the creation of new data collection tools or revisions to existing ones (e.g. electronic survey tools), facilitates goal-setting at first meeting of the year, coordinates a review of the system-wide CQI Plan as circumstances require.

EMS Quality Coordinator: provide educational materials to stakeholders regarding CQI activities; serve as the primary point of contact for questions and resources regarding QA programs within agencies, as well as system-wide CQI initiatives; collect data and/or prepare various reports on EMS activities throughout the system; be prepared to present current research on best practices related to system-wide objectives; may serve as chairperson of meetings when both Co-chairs are unable to attend; delegate and/or monitor and respond to information submitted via electronic survey tools (e.g. EMS disposition requests, EMS/ED Event forms, etc.)

Secretary: print and circulate Meeting Attendance Record, maintain record of attendance at quarterly and special meetings, serve as point of contact for any issues of membership/attendance, record meeting minutes and provide written draft for committee approval, supply approved meeting minutes for publication on WCEMSTCC website; collect confidentiality agreements from each member for secure storage.

### **General Membership:**

The general membership includes representatives who have the potential to regularly contribute new information, provide direction and/or leadership during meetings. Membership requires submission of an application, typically signed by the applicant's agency supervisor, and approval from both the CQI Committee and General Council.

- PHSJMC representative of Emergency Systems of Care (Emergency, Trauma, STEMI, and Stroke programs, as appropriate)
- Chief or designee from each provider agency (each with one alternate delegate)

- Mt. Baker Ski Patrol
- Air Medical Services operating within Whatcom County
- Private Ambulance companies operating within Whatcom County
- Whatcom County Dispatch
- EMS Research Coordinator (as appropriate)
- Medical Examiner's office

**Meeting Frequency and Attendance:**

The CQI committee meets at least quarterly, or more frequently as needed, and reports to the WCEMSTCC at their quarterly meetings. Members shall notify the Secretary of the committee in advance of each meeting if unable to attend. Resignation from the committee shall be submitted to the office of the WCEMSTCC in writing, and shall be effective upon receipt. Consistent with the bylaws of the WCEMSTCC, you must attend a minimum of 50% of CQI Committee meetings per 12 month period to remain a member in good standing. If a member has two unexcused absences from CQI meetings within a 12 month period, without providing agency representation the agency (or agencies) represented will be notified.

**Guests:**

At the discretion of the CQI Committee chairperson and/or MPD, other invitees may participate in quarterly meetings and/or the medical audit review of cases for educational purposes and/or where their expertise is essential to make appropriate determinations. These invitees may include but are not limited to the following:

- Law Enforcement
- County EMTs
- County Paramedics
- Nurses
- Physicians
- Search and Rescue
- Industry
- Public Safety representatives
- Regional and State EMS representatives

**Voting**

Occasional issues may require a voting process. This business is conducted according to Robert's Rules of Order. A simple majority of the representatives (to include alternates present) in good standing, to include at least one Officer of the Committee, will constitute a decision.

**Minutes**

Minutes of each regular meeting will be recorded and distributed by the Secretary for review and approval by the members present at the following meeting. One copy of the minutes will be kept in a secure location in the WCEMSTCC office. Any case-specific information presented during the meetings will be de-identified and held in strict confidence among those attending the meeting. Copies of documents containing protected health information used during meetings will be collected and

destroyed following the meeting. All references to identifying information will be omitted from the meeting minutes.

### **Confidentiality**

All proceedings, documents and discussions of the Continuous Quality Improvement Committee are confidential, and thus protected from discovery in accordance with [RCW 43.70.510](#).

All members and guests will be asked to sign a confidentiality agreement stating that they will not divulge or discuss information obtained solely through their CQI Committee participation. No information will be disclosed to parties outside the committee except as agreed to by attendees for the purposes of follow-up or resolution of system design change or education. Prior to the invited guests participating in the meeting, a Committee officer is responsible for explaining, and obtaining, a signed confidentiality agreement from the guest.

Protected Health Information (PHI) will be kept to the minimum necessary on documents used to process inquiries, and to review and respond to system issues. All committee handouts containing PHI shall be labeled "Confidential Quality Review Document/Privileged Information/Not Authorized for Distribution". Source documents will be stored in a secure location in the WCEMSTCC office, and all copies of the confidential documents will be collected at the end of the meeting and destroyed. Similarly, CQI Committee correspondence that contains PHI, either in hardcopy or electronic, will be kept secure and confidential. It is the obligation of the Committee members and other attendees to keep all information confidential and to protect it against unauthorized intrusion, corruption, and damages.

### **Review and Evaluation of Information**

The CQI Committee shall use current standards and actual field performance documented on incident reports and other documents as a basis for CQI evaluations. Current standards consist of, but are not limited to:

- Washington State approved curriculum
- State and Whatcom County MPD patient care protocols
- Regional Patient Care Procedures
- Whatcom County Operating Procedures
- Washington State Trauma Triage Tool
- CPR, Obstructed Airway and External Defibrillation following current nationally accepted standards
- Infection Control Procedures following the most current approved Infectious Disease Prevention for EMS Providers curriculum

### **Effectiveness and Timeliness - [WAC 246-50-020 \(1\) \(b\) \(i\)](#)**

The committee reviews service provided to each area of the county, ensuring that responses comply with the standards set by the WCEMSTCC. These standards are determined by political subdivision and population density, and meet or exceed the standards set in [WAC 246-976-010](#).

### **Health Care Outcomes & Protocol Review - WAC 246-50-020 (1) (b) (ii, iv)**

Patient outcomes following treatment and transport by EMS to a receiving facility can provide valuable information for ongoing quality assurance efforts, including training and education of health care providers. In accordance with the Privacy Rule, following the delivery of care and/or transport of a patient, the designated QA officer for any EMS Agency is permitted to request and use protected health information for health care operations, including competency assurance activities and provider performance evaluation. The CQI program maintains an electronic survey tool (available at [www.whatcomcountyems.com](http://www.whatcomcountyems.com)) through which any EMS provider may request a summary of patient treatment and disposition at the facility to which the patient was transported, related to an incident to which their agency responded. Requests are monitored and accessed on a regular basis by one or more CQI Committee personnel. A Memorandum of Understanding (2014) authorizes the designated CQI member to access the PeaceHealth electronic medical record (eMR) directly to create a summary of patient treatment and disposition, and to share this PHI with the requesting agency for quality assurance purposes, completing the feedback loop. Only the designated QA officer/ CQI Committee member representing the requesting agency will receive the PHI, either over secure, encrypted email, or by phone. Release of such information requires that both the requesting agency and the hospital maintain records of disclosures of protected health information for a minimum of three (3) years, with some exceptions, such as written authorization. Furthermore, only the minimum necessary protected health information may be disclosed without the express written authorization by the patient or legally authorized representative.

Electronic communications (i.e. email) that may contain protected or confidential patient information must occur over a secure, encrypted connection. Disclosures must comply with the current HIPAA rule, to include appropriate deidentification. Any unauthorized review, use, disclosure, or distribution of protected health information is prohibited.

Protocol review is an annual process. CQI efforts inform the protocol review, and where appropriate, protocol changes are approved by the MPD and DOH, and subsequently disseminated to providers via the efforts of the Education Committee of the WCEMSTCC.

The scope of review to be conducted by the CQI Committee may include any patient encountered in the pre-hospital system of Whatcom County. Information used shall include individual medical incident and other supporting documentation, local and/or state registry data, and meeting minutes of discussions that took place. Review may include but not be limited to the following:

1. Any clinical care issue or public complaint
2. Variations from protocol/standard of care
3. Deviations from Scope of Practice
4. Medication errors
5. Complications of airway management
6. Issues with outstanding education potential

Indicators which are likely to result in the review of high risk/ low frequency or otherwise significant events are used to measure outcomes. The clinical indicator information is presented at each CQI Committee meeting to generate discussion, evaluation, and responses to any trends that are recognized. The committee is expected to provide leadership on systemic issues and/or trends to develop a system-wide approach to quality improvement, and to develop information that will be disseminated to all personnel in the system based on identified issues.

**Oversight of CQI Committee - [WAC 246-50-020 \(1\) \(b\) \(iii\)](#)**

As Co-Chair, the MPD serves as the liaison between EMS agencies and the rest of the medical community, as well as between the CQI Committee and the WCEMSTCC. The MPD may direct CQI activities by identifying opportunities for changes in practice, and will translate CQI Committee findings into protocol as appropriate.

**CQI Reporting & Documentation**

- [WAC 246-50-020 \(1\) \(b\) \(v\)](#), and [WAC 246-50-020 \(1\) \(i\)](#)

The CQI committee meets quarterly, or more frequently as needed, and reports to the WCEMSTCC at their quarterly meeting. Source documents and products of the CQI process are de-identified and used only for education and process improvements within the EMS system. All committee handouts shall be labeled “Confidential Quality Review Document/Privileged Information/Not Authorized for Distribution”. Records/rosters of the CQI committee are stored in a secure location in the WCEMSTCC office, and may only be released in response to a valid court order.

**Provider Agency CQI Activities: Training & Improvement**  
[WAC 246-50-020 \(1\) \(h, j, & f\)](#)

The provider agencies, through their internal CQI process and in conjunction with the CQI committee and MPD, are responsible for creating and monitoring programs for ongoing medical training & issue resolution, including individual performance improvement plans.

Each provider agency will submit targeted reports of Key Performance Indicators (clinical indicators) based on the care that their personnel deliver to patients during the review period. Using an online form or electronic survey tool, each provider agency will submit the required information for the Key Performance Indicator (KPI) currently under evaluation to the CQI Committee on a quarterly basis, or more or less frequently as specified. The CQI Committee and MPD will review and validate the data and look for trends. Trends derived from the collection of KPI data will generally be discussed at the quarterly CQI Committee meeting. Reports of the clinical data will be compiled by the CQI Committee, shared with the General Council, and shared with provider agencies.

The indicators may measure current compliance with identified best practices, as well as regional and state benchmarks. If compliance is maintained or improved, the indicators may be retired and new indicators may be developed or selected. The

WCEMSTCC will maintain the records of the results of KPI evaluation submitted by the county provider agencies. The provider agencies will maintain all raw data (de-identified) collected for the clinical indicators, should there be any questions about trends or identified issues.

Agencies will also consistently report issues regarding patient care, patient management, crew interaction, safety, hospital staff interaction, public perception, or any other issue (positive **or** negative) related to EMS activities. The involvement of all stakeholders in the CQI Committee ensures that a multidisciplinary approach to issue resolution exists. As trends in issues are identified, the CQI Committee may elect to form subcommittees to address specific issues and evaluate proposed solutions. Should a significant issue arise outside of an assigned KPI or the EMS/ED Event Report process (available at [www.whatcomcountyems.com](http://www.whatcomcountyems.com), the CQI Committee and/or MPD will notify provider agencies. The MPD and CQI Committee, in collaboration with the Education Committee and provider agencies, will explore the issue's root cause(s) as well as develop solutions.

Once a decision to take action or to solve a problem is made by the Committee, standardized training and education appropriate to the skill level and service goals are addressed through the Education Committee of the WCEMSTCC. Each provider agency has designated training personnel who work in conjunction with the Education Committee to ensure that EMS personnel engage in appropriate training and/or remediation.

Annual updates to the patient treatment protocols are constructed by the MPD and EMS Council in conjunction with the CQI and Education Committees, and formulated into a standardized teaching plan prior to their implementation. All training materials are made available to each agency, as well as posted on the WCEMSTCC website.

#### **Outline of Provider Agency Responsibilities related to CQI:**

1. Designate personnel who manage the internal quality improvement process for that agency. The pre-hospital agency representative is responsible for internal CQI processes related to personnel, equipment and supplies, safety, skills maintenance, and documentation of competency.
2. Be willing to volunteer for working groups, occasional service as a committee officer, and contribute to other tasks as assigned by Committee officers to steer quality improvement in the system.
3. In cooperation with the Whatcom EMS Council, implement an internal CQI Plan and provide education to all personnel within the agency regarding CQI responsibilities, including online reporting (e.g. CARCAs reports, EEE reports, etc. – please see links on WCEMSTCC webpage, available at [www.whatcomcountyems.com](http://www.whatcomcountyems.com)
4. Assist in the identification of Key Performance Indicators (KPIs) to be monitored and ensure compliance with the county CQI plan and initiatives.

5. Share results of internal CQI activities with the CQI committee, as well as disseminate appropriate information forwarded from the CQI committee to all EMS personnel within the agency.
6. Maintain records of CQI activities for review and action regarding exemplary practice, unanticipated events, utilization management, etc.
7. Review internal CQI efforts regularly for effectiveness in identifying and resolving provider-related CQI issues, and revise as needed.
8. Ensure that the on scene BLS documentation (e.g. scribe sheet) is sent with the patient to the receiving facility for inclusion in the patient's hospital record.
9. Provide a copy of the final patient care record (both BLS and ALS) to the Medical Records Department for inclusion in the patient's hospital record.

### **Agency Reporting:**

Agencies are expected to participate in the statewide *Washington Emergency Medical Services Information System (WEMSIS)* for KPI and other data collection and evaluation. WEMSIS is the state's prehospital data repository for electronic patient care records (ePCR). Participation in WEMSIS supports (copied from the WEMSIS website: [www.doh.wa.gov/wemsis](http://www.doh.wa.gov/wemsis)):

- Description of statewide incidents of medical and injury emergencies.
- Identification of quality improvement measures.
- Evaluation of measures for process and policy improvement.
- Internal and external benchmarking.
- Local and regional leadership through data competency and evidence-based decision making.

Participation in WEMSIS enables individual agencies and the CQI Committee to access a variety of reporting tools and automatic alerts to support CQI activities.

Based on agency data collection, analysis, and reporting, the CQI Committee evaluates system-wide compliance with the measured criteria. Agencies will also be requested to include recommendations for system changes, requests for study projects, trends of note, and successes. Any reported issue that appears to be solely an agency/employment issue will be referred back to the provider agency for action. There will be no information in agency reports related to performance indicators that will identify a patient or individual provider(s).

Provider agencies may also be asked to provide feedback regarding training and implementation of any new or optional clinical skill or equipment, often through the use of an electronic survey tool (available at [www.whatcomcountyems.com](http://www.whatcomcountyems.com)). Course participants are asked for their assessment of course/workshop/program effectiveness, in several areas. Consistent with other CQI committee responsibilities, data is used to inform decision making for continuous quality improvement.

### **EMS/ED Event Reporting:**

Providers have a reliable means of submitting a comment or concern regarding patient care, patient management, crew interaction, safety, hospital staff interaction, public perception, or any other issue (positive **or** negative) related to one specific EMS activity to the CQI representative in their respective agency and the CQI Committee using the online EMS/ED Event Report form via the link available on the General Council webpage. The information collected on this form is forwarded to the QA Representative for each agency involved, and thereby facilitates the identification of an educational opportunity and the development an appropriate response. In addition, the CQI Committee serves as a resource throughout the process, and will assist in e.g. procuring any required supporting documents and/or will provide consultation, if requested. Reportable issues include, but are not limited to:

1. Exemplary practice with significant educational potential
2. Actions outside of the scope of practice of pre-hospital personnel
3. Public complaints
4. Protocol compliance issues related to:
  - a. Administration of medications
  - b. Invasive procedures
  - c. Defibrillation/cardioversion
  - d. Airway Management
  - e. Transport decisions (BLS vs ALS)
  - f. Other patient treatments

All EMS/ED Event reports shall be thoroughly researched and documented by the agency(s) involved before discussion at the CQI Committee meeting.

## **MPD Responsibilities**

### **Certification of EMS Personnel - [WAC 246-50-020 \(1\) \(c\)](#)**

WCEMSTCC staff use a defined checklist to ensure that personnel requesting initial certification or recertification have completed all pertinent requirements. Once completed, the individual's name is forwarded to the MPD, who recommends certification of the individual to DOH, in accordance with WAC 246-976-920(1)(k).

### **Co-Chair of CQI Committee - [WAC 246-50-020 \(1\) \(b\) \(iii\)](#)**

As Co-Chair, the MPD serves as the liaison between EMS agencies and the rest of the medical community, as well as between the CQI Committee and the WCEMSTCC. The MPD will translate CQI Committee findings into protocol as appropriate.

### **Individual Call Review**

The MPD reviews all cases of serious issues related to scope of practice or compliance that are submitted by the EMS agencies, tracks and trends the issues that are reported, and presents the trended information related to systemic issues to

the CQI Committee for discussion and identification of potential solutions. Issues related to regulatory compliance will be reported to the Washington State Department of Health.

### **Monitoring Initiatives**

Additional aspects of clinical care are monitored routinely. Data obtained through this monitoring will be shared system-wide with the individual provider agencies. As necessary, any issues found through these clinical reviews will be communicated to the involved provider agency for investigation and resolution. Trends related to systemic issues will be addressed by the CQI Committee to identify potential solutions.

### **Risk Management - [WAC 246-50-020\(1\)\(d, e & g\)](#)**

Risk management at the system level will be addressed through the use of the EMS/ED Event Report form via an electronic survey tool. The electronic survey tool includes instructions for its completion, and is made available via a link on the WCEMSTCC website (available at [www.whatcomcountyems.com](http://www.whatcomcountyems.com)). These reports will be submitted by anyone with a concern regarding patient care, patient management, crew interaction, safety, public perception, or any other issue that is in question. Submissions are monitored and accessed on a regular basis by one or more CQI Committee personnel, as assigned. The information collected on this form is forwarded to the CQI Representative for the agency (or agencies) involved, and thereby facilitates the identification of an educational opportunity and the development an appropriate response. In addition, the CQI Committee serves as a resource throughout the process, and will assist in e.g. procuring any required supporting documents and/or provide consultation, if requested. Supporting documents may include, but are not limited to, the medical incident report (MIR), computer-aided dispatch (CAD) record, audio recordings from dispatch, autopsy reports, information regarding organ/tissue donation, and when available, the patient discharge summary and outcomes from the receiving hospital. The CQI Committee compiles a database of reported issues and is able to broadly trend the types of issues reported, agencies involved, and resolution of the issues. All of the reported information is maintained in a confidential manner and only shared directly with the CQI representative of the involved agency/ies.

### **Resolution of Patient/Public Complaints**

Any complaint submitted to the MPD or EMS agency from the public is investigated by the appropriate EMS agency (and the MPD if it involves the clinical care of the patient.) The call is reviewed by the district/department members for variances from policy or medical procedure outlined by that particular agency and the county protocols. Each district/department resolves their own complaints from the patient/public, and then may forward the issue to CQI for educational or peer review, in one or more of the following circumstances:

- an EMS responder involved in the call requests a review by the CQI Committee through the chain of command in that responder's district/department,
- the supervisor of the EMS responder involved in the call requests a review by the CQI Committee, if cleared through that supervisor's proper chain of command,
- the MPD may request a review by the CQI Committee

Reports from hospital personnel regarding patient care related to EMS activities will be similarly addressed, beginning with a confidential, internal investigation within the hospital unit and EMS agency/ies, and involving the MPD as appropriate.

If a public complaint is accompanied by a EEE report from pre-hospital personnel, both the MPD and EMS agency will collaborate on the investigation, as well as on the feedback to the members of the public directly involved.

### **Professional Liability**

Insurance, including malpractice insurance, is the responsibility of the agency with the exposure. In Whatcom County, this responsibility lies with each individual responder agency. Similarly, safety activities are the responsibility of the individual provider agencies.

The malpractice exposure of the WCEMSTCC, as an advisory body appointed by the Board of County Commissioners, is covered by the umbrella policy under the self-insurance program of the county, which is administered by the Washington Counties Risk Pool.