

## **CCEMS QI Committee Guidelines**

**Purpose:** The Committee shall conduct case review on a monthly basis and screen for completeness of the work product. It shall review issues that may interfere with the delivery of quality patient care. It shall formulate remediation plans, or make corrective recommendations when patient care problems are identified.

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**Section I:** The following outlines the cloak of confidentiality for the QI Committee, its proceedings, and documents:

1. All documents and meeting minutes will be handed out at the beginning of the meeting. Sensitive documents will be collected at the end of each meeting.
  2. All pertinent documents shall be marked as “Confidential and Peer Review Information.”
  3. All members shall agree not to divulge or discuss information that has been obtained for the committee’s use.
  4. All proceedings, documents, and discussions are strictly confidential, and are considered a work improvement product.
    - a. QI Committee members who breach confidentiality will be subjected to all applicable parts of the county personnel policy.
    - b. QI Committee members will follow the CCEMS Suggested Operating Guidelines.
    - c. Outside discussion or conversations about committee business is discouraged and may place the organization at risk. Each individual member may be placed in a libelous situation.
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**Section II:** Membership-

1. Membership of the QI committee will include:
  - a. Two representatives from each shift.
  - b. SCTP paramedics (may also serve as shift representative)
  - b. Each shift FTO
  - c. EMS Training Officer
2. Non-committee members or visitors shall be asked to leave the room when:

- a. The committee is discussing sensitive topics such as:  
Patient's name, date of call, treatment administered, pertinent patient data, names of providers, etc.
  - b. The committee is reviewing ambulance call reports.
  - c. The committee goes into executive session.
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**Section III:** High risk patient encounters to be reviewed:

Cardio-pulmonary Arrest  
Respiratory Arrest  
Multi-system Trauma  
Head Trauma  
Chest Trauma  
Abdominal Trauma  
Spinal Injury  
GSWs  
Stabbings  
Medical Calls  
Routine Transports  
Refusals  
Other cases as needed

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**Section IV:** Areas of ACR review:

- a. Times –dispatch time, 10-17, 10-23, 10-17 to hsp, 10-6 at hsp.
  - b. Field documentation
  - c. Completeness of call report
  - d. Appropriateness of patient assessment
  - e. Formulation of a working clinical impression
  - f. Appropriateness of treatment
  - g. Did provider follow protocols?
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**Section V:** Is weakness related to equipment, staffing, protocols, or policies?

- a. Yes- Those items will be discussed and changes recommended.
  - b. No- The provider in charge of the call and his actions will be discussed.
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**Section VI: Remediation, or follow-up-**

1. Most discussion with providers will take place via e-mail.
  2. Serious problems or exceptions will be discussed by:
    - a. The Training Officer and the provider, or
    - b. The shift FTO and the provider,
    - c. The shift Capt. should be present if at all possible.
  3. If the provider has need for remediation or there is a need for a better understanding the provider involved shall be counseled in private.
  4. QI Committee recommended remediation will be limited to training or educational process.
  5. Disciplinary action may be involved, however, it will be initiated by the:
    - a. CCEMS Administration, or
    - b. Medical Director
  6. When remediation is completed the case will be closed.
  7. All information pertaining to remediation is considered confidential.
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