



**Jefferson County Fire and EMS
EMS Documentation and Quality Management
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OG: 18-02

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Purpose: The purpose of the Jefferson County Quality Assurance Management Program (QA Program or QA) is to ensure that exceptional pre-hospital care is provided to the citizens and visitors of Jefferson County, West Virginia, and proper documentation of EMS encounters by all EMS providers operating in Jefferson County, including career and volunteer providers is attained through pursuing programs focusing on quality improvement and education.

Introduction: The EMS services sanctioned and operating within the county are dedicated to providing the public we serve with the best possible patient care. This can best be accomplished by continuous quality evaluation. The QA Program is designed to encourage personal and team excellence in patient care, while identifying and addressing opportunities for improvement within the system, at a provider level and a system level.

While striving for excellence, the county QA Program focuses on the overall outcome of pre-hospital care, as well as treatment and the documentation of those treatments. The QA Program is an on-going, dynamic, process that takes time to develop and implement. QA will promote, enhance, and ensure quality emergency medical care to our community at large, through information analysis, peer review, education and coordination of system needs.

Objectives: To meet the overall purpose, the Quality Management Program should include, but is not limited to:

- Identifying trends in pre-hospital care
- Consolidate data system-wide
- Identify system-wide trends
- Set performance standards and indicators related to aspects of care
- Provide feedback and promote training
- Commendations for exceptional patient care delivery
- Peer to Peer and Case reviews
- Counseling on specific issues (providers, as well as entire certification levels)
- Develop trainings relating to QA findings

Quality Assurance Program Roles:

Department QA Officer(s)

Each EMS agency in Jefferson County shall appoint no more than two (2) QA officers to conduct quality assurance reviews. The highest ranking EMS Officer is appointed by default, bringing the total representation per company to a maximum of three (3). The EMS Chief or Official Representative, with sole discretion, has the authority to suspend and/or revoke any providers' ability to practice within that department.

The County Medical Director reserves the right to approve/disapprove Department level QA appointments. Agency QA Officer(s) must have a minimum of two (2) years of experience as cleared Jefferson County "Lead" EMS provider, at the level they are reviewing, (exceptions will be made at the discretion of the medical director), and must be currently certified at or above the certification level they will review. Each Department is required to have at least one (1) appointed officer at the



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Paramedic Level. Each Department is required to report any changes in QA Officers directly to the County Medical Director within seven (7) days of the change.

JCESA QA Officer

JCESA shall appoint/hire/maintain a QA Officer to coordinate and oversee the QA Program for all EMS agencies in Jefferson County. Duties of the JCESA QA Officer should include, but are not limited to:

- Coordinate with the appointed Department QA Officers for as needed reviews.
- Review all charts set in a “Review Committee” status, or otherwise referred to the JCESA QA Officer for review.
- Reviews charts where primary provider is Company QA Officer, and no other equal level provider is available to conduct said review.
- Act as Co-Chair of the QM Committee.
- Coordinate and Establish QA based training.
- Make recommendations to the Medical Director regarding quality assurance findings and quality improvement opportunities
- Participate with the Emergency Medical Dispatch (EMD) Quality Assurance committee in cooperation with the Jefferson County Emergency Communications Center (ECC)
- Review adequate incidents each month to ensure county compliance with protocols and documentation standards.
- Report to Medical Director as needed on noteworthy occurrences.
- Keep the Medical Director updated on providers in noncompliance with standards.
- Implement a follow-up program with trauma centers where patients receive definitive care.

Nothing within this guideline shall interfere with the ability of the JCESA Director to give additional tasks or alter the job description of the JCESA QA Officer, so long as the minimums requirements of this guideline are met.

Medical Director

The medical director shall conduct quality assurance reviews in accordance with the Quality Management Program for the county, serve as the Co-Chair of the Quality Management Committee (or appoint a designee), direct the implementation of processes, procedures, training, and/or system changes to improve overall quality of patient care, and maintain ultimate oversight authority over the Quality Management program.

Duties of the County Medical Director include, but are not limited to:

- Ensure the QA program is meeting and exceeding the needs of the Medical Director.
- Review escalated charts.
- Perform chart reviews on an ad-hoc basis to ensure compliance with county policy and Medical Director Directives.



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Documentation Requirements

An electronic Patient Care Report (ePCR) must be completed by the lead provider for every patient encounter, ambulance response, or cancellation. Any time a transport unit responds on a call, an ePCR is to be completed. This includes encounters where the patient refused care and/or transport, encounters where the patient is found deceased, and those times when an ambulance is dispatched, but cancelled prior to arrival.

The ePCR for a transported patient must be completed within 24 hours of the “Call Closed” time as recorded by CAD. An ePCR is complete when it has been successfully “Locked” in the ePCR system. The following Medical Director disciplinary process shall be followed when a provider fails to complete a chart within 24 hours of the encounter:

- **FIRST OFFENSE:** A QA flag will be added to the delinquent ePCR by the department level official.
- **SECOND OFFENSE:** A written message in the ePCR system will constitute a verbal warning, and for JCESA employees, notification will be made to their supervisor.
- **THIRD OFFENSE:** Suspension from functioning as a primary attendant for up to 14 days.
- **FOURTH OFFENSE:** Suspension from functioning as a primary attendant until reviewed by the Medical Director. The Medical Director will determine final disposition.

Enforcement of the disciplinary process for volunteer providers will be handled by the provider’s highest ranking EMS official. Completion of ePCRs will be tracked by both the station QA officer, the county QA officer, and the Medical Director. It will be the responsibility of the JCESA QA Officer to keep the Medical Director updated. Should a provider reach third or fourth offense, the QA Officer will provide documentation to the Medical Director and have the provider “locked out” from the ePCR system. Offenses will be tracked utilizing a rolling calendar.

The ePCR must be completed using appropriate medical terminology, plain language, and only widely-accepted medical abbreviations. Proper spelling, grammar, and punctuation are required. The following minimum elements must be documented on all patient encounters:

- Patient information, including the patient’s name, address, date of birth, and social security number (SSN is only required on a transport). In the event that any of this information is not available, the circumstances must be documented. Non-Transport (refusal, cancelled, etc.) charts may negate the need for certain details.
- The patient’s chief complaint. This is best accomplished by quoting the patient’s complaint verbatim.
- Findings of the physical exam, including any pertinent negatives.
- All Vital Signs, including lung sounds, respiratory effort, and pulse oximetry.
- An ECG interpretation for all ALS patients, and BLS in accordance with WVOEMS protocol.
- Blood Glucose Level for any patient with an altered mental status or a history of diabetes.



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- All treatments provided should be documented in chronological order with time stamps that reflect an accurate time of treatment.
- The patient's current medications and medication allergies, and history.
- If scene time is greater than 20 minutes, an explanation must be documented.

Care provided and documented must be in accordance with West Virginia EMS protocols, with any deviations thoroughly explained in the ePCR. Treatment provided and documented must be in accordance with the exam and any deviations thoroughly explained.

Electronic Signatures

The signature of the healthcare provider accepting the patient at the receiving facility must be obtained in an appropriate electronic format. The name and provider level of the representative assuming care should be documented in the ePCR. The patient's electronic signature must be obtained on the "Ambulance Billing Authorization and Privacy Acknowledgement Form" in Section I. If the patient is unable to sign, the electronic signature of an authorized representative should be obtained in Section II. If neither the patient nor an authorized representative is available or capable of signing, the provider and receiving facility representative must electronically sign in Section III. If a patient refuses care, transport, and/or specific treatment, the patient's electronic signature and the signature of at least one witness, not part of EMS crew, must be obtained on the appropriate refusal form. The provider must clearly document what care and/or treatment the patient refused. The primary provider and the driver must electronically sign all ePCRs.

Preliminary Patient Care Report

If the ePCR is not completed and left at the receiving facility, the provider must leave a copy of a Preliminary Patient Care Report (hand-written form) prior to departing the facility. This Preliminary report must contain, at a minimum;

- Patient name and date of birth
- Vital signs
- Chief complaint and history of present illness
- Any interventions or treatment provided

Incident Review Process

Each chart, once locked and submitted, is aggregated into three review sections: documentation review, billing review, and clinical review. The following are the minimum reviews required:

- Documentation Review
 - This review is specifically responsible for ensuring that all applicable fields are filled in accurately and completely.
 - This will remain at the Department level, with no oversight at the County level, unless directly involving a JCESA Employee and requires intervention by JCESA Administrative Staff.
- Billing Review



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- This will remain at the Department level, with no oversight at the County level.
- Clinical Review
 - This review is to ensure appropriate clinical treatment methodologies.
 - This review will be conducted in concert with Department, JCESA and Medical Director Oversight.

Reviews are encouraged to be handled at the lowest level appropriate. Typically, most issues can be handled on the Department level despite the technician's affiliation. The JCESA QA Officer may or may not elect to be directly involved with provider notification. If immediate action is requested or required, the JCESA Duty Officer may be notified directly, in-lieu of the QA Officer. The issue will then be handled by the JCESA as appropriate.

Persons who are not medically certified, licensed providers or duly authorized are precluded from accessing personally identifying information.

The process of Quality Management Program shall include multiple levels of review beginning with representatives appointed by the volunteer companies and advancing to the JCESA QA Officer, and subsequently the Medical Director, as needed. Noteworthy cases will be presented to the Quality Management Committee (QMC) for review, education and dissemination back to the street level providers through Medical Director communications/training sessions. Incidents for review by the QMC should include but are not limited to:

- Protocol deviations
- Commendations of job well done
- Reoccurring Trends
- Interesting Case Reviews
- Large scale / significant impact incidents

Incidents that are brought before the QMC are then discussed among the members at the next meeting for appropriate insight. Ultimately, the official end course of action is decided on by the County Medical Director, but consideration should be given to utilize this opportunity to provide county-wide training literature/memo on a specific occurrence.

Department Level Review

No later than thirty (30) days after the creation of the chart (ePCR), all ePCRs that meet one of the following conditions, must be reviewed at the department level, but all charts should be reviewed:

- Patient "Primary Impression" is listed as "Cardiac Arrest", "Respiratory Arrest" or "Dead on Arrival".
- Patient age is sixteen (16) years, or less.
- Patient was intubated, or any basic or advanced airway device was placed (successful or unsuccessful).
- Any medication administered, orally or intravenously, except Oxygen or Normal Saline.
- Primary provider currently in an internship, or is still being precepted.
- Any additional criteria as directed by the QMC and/or the Medical Director



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Each Department QA Team is required to review at least twenty (20) ePCR's per calendar month, or all charts if less than twenty (20). During this review, the QA officer(s) shall verify the following elements:

Documentation Review:

- Patient demographics are complete, or an adequate explanation of why this was not obtained. This includes patient name, DOB, SSN, physical and mailing address, Hospital Face Sheet (or insurance information if available), and patients medical history, allergies, and medications.
- Documentation of patient's chief complaint, associated complaints, and pertinent other information regarding the Clinical Impression
- Vital signs are documented (Minimum of ONE set per contact and every 10 minutes of contact)
 - At least one (1) set of vitals for all patient refusals.
- ECG use documented and printed or electronic copy of ECG attached to ePCR.
- Treatment and interventions are documented in chronological timeline.
- Narrative complete and accurate, including background story to support treatment delivered.
- NEMESIS Medical Command ID number is recorded.
- Electronic Signatures of the Patient or Patient Representative, receiving Nurse or Physician, Primary Attendant, and Driver.

Clinical Review:

- Primary Assessment, as described in WV State protocols (Airway, Breathing, Circulation, Level of Consciousness, etc)
 - An assessment should be completed for all patient refusals.
- Secondary Assessment/Physical Exam as appropriate, including pertinent negatives
- ECG applied and documented, with rate and interpretation for all ALS patients
- Blood glucose reading was obtained and documented for all patients with altered mental status or history of diabetes (when complaining of related issue)
- Treatment and interventions are appropriate
- Narrative complete and accurate, including background story to support treatment delivered.
- Compliance with West Virginia State Treatment Protocols, and any deviations are documented
- Scene time was less than 20 minutes, or a valid explanation of extended scene time
- Treatment was in accordance with assessment and exam

The Department QA member that reviews the ePCR will subjectively classify the ePCR as Poor, Fair, Good, Very Good, or Excellent, with the following standards considered in their rating:

- Poor
 - The provider is missing most/all of the data needed to properly justify treatment and care.



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- The Quality Assurance Team member cannot justify treatment and care, based on the documentation provided, and feels that the Medical Director would be subjected to severe consequence for allowing the provider to continue practicing.
- The submitted patient care ePCR leaves many opportunities for litigation against the individual provider, the provider's department, and/or the Medical Director.
- Fair
 - The provider has the minimum information needed to complete the ePCR. There is no follow-up assessment after treatments.
 - The Quality Assurance Team member has difficulty understanding the thought process of the provider, and is concerned about the treatment decisions that were made.
 - The submitted patient care ePCR is incomplete, and leaves the individual provider, the provider's department, and/or the Medical Director in a difficult position, if questions arose.
- Good
 - All required fields are complete and seemingly accurate.
 - The provider has summarized the patient presentation, but lacks details supporting protocol decisions.
 - The Quality Assurance Team member understands the thought process of the provider, but would have difficulty in justifying the provider's actions, based on the ePCR submitted.
- Very Good
 - The provider has thoroughly documented patient care, but lack details of patient outcomes/changes from treatment decisions.
 - The ePCR is complete and detailed.
 - The Quality Assurance Team member can follow and justify the actions that were taken, based on the ePCR alone.
- Excellent
 - The provider accurately and thoroughly document patient presentation, scene description, treatments and care, and patient change/outcome after treatments.
 - The Quality Assurance Team member has no questions about the patient interaction, and the care that was provided exceeds that of the State protocols, and would be considered supported by the Medical Director.

If any nonconformity is found, the Department QA officer shall make note of the issue using the "Documentation Review" methodology for documentation issues, and the "Clinical Review" methodology for treatment issues in the ePCR system.

JCESA County QA Officer Review

ePCRs referred to JCESA QA Officer's through system message or external email shall be reviewed within 7 business days. **Any message sent to a JCESA provider should be copied to County QA Officer.** In addition to reviewing the ePCR for the elements reviewed at the agency level, the JCESA QA Officer will review the interaction between the Department QA Officer and the provider in order to identify any additional options for correction or improvement.



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The JCESA QA Officer, having access to all completed ePCRs, may review ePCRs that have not yet been reviewed and/or flagged at the agency level. He/she may select ePCRs randomly, or based on specific criteria. During this review, the JCESA QA Officer will complete the clinical review (or documentation review) in its entirety following the same process herein. The JCESA QA Officer will complete other duties as identified within the roles and responsibilities section of this guideline.

Quality Management (Review) Committee

The Quality Management Committee (QMC) shall be composed of the Medical Director, the JCESA QA Officer, and a designated QA officer (or two) from each department. The committee shall meet at the discretion of the Chair(s). Committee membership (Department QA Officers and highest ranking EMS Officers) may refer an ePCR for review by the QMC through the County QA Officer. It is recommended to be a standing quarterly meeting of the QM Committee.

Medical Director Review

ePCRs selected for review by JCESA QA Officer, and/or a Department's highest ranking EMS Official will be forwarded to the Medical Director, only when necessary, as determined by the JCESA QA Officer, or department's highest ranking EMS officer. **Notification to the Medical Director of a chart for review shall be done via external email.** The Medical Director will review the chart, the interaction between the Department QA Officer, the provider, and the JCESA QA Officer to identify any additional options for correction or improvement.

The Medical Director, having access to all completed ePCRs, may review ePCRs that have not yet been reviewed at the Department level. He/she may select ePCRs, randomly, or based on specific criteria. During this review, the Medical Director should create a review for the ePCR following the process for creation, management, and provider response to the review.

Review Notifications to Providers

The QA Officer completing an ePCR review will document infractions using the prescribed method with the ePCR system. **The provider should also be sent a summary message via the system (preferred)**, or potentially external email, if necessary, with a summary of QA findings. The QA Officer shall review any response, and determine whether any additional follow-up is required at any level. Providers are required to acknowledge a QA message and respond to questions or requests for feedback as appropriate.

Post-Review Outcomes

Once the ePCR has reached its highest level of review, whether within a Department, the County, or to the Medical Director, decisions need to be made regarding the outcome of the patient care that was provided. The goal of post-review evaluation is to deter litigation against the provider and Medical Director, as well as improve overall patient care and documentation of incidents.

Within the Department, the highest ranking EMS Officer (or designee) shall have the rights and responsibilities to advocate on behalf of the Medical Director, by coaching and educating providers of all levels. This may include review of documents submitted by other providers for the same primary impression, review of past calls to identify trends and outcomes, as well as identification of areas for improvement.



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Once the ePCR is advanced to the County QA Officer, this coaching and education should include a face-to-face meeting as well as formal documentation of the coaching session.

Based on the Medical Director's comments for improvement, as well as patient hospital-based outcome, providers may be required to meet one-on-one with the Medical Director, or designee, to review areas of improvement. The Medical Director, with sole discretion, has the authority to suspend and/or revoke any providers' ability to practice within the County. The Medical Director may, at his/her discretion, mandate that a provider be required to participate in an abridged internship program, or specific training program.

When a chart is reviewed at the QMC, or any level beyond a typical JCESA QA Officer review, it is highly encouraged that a summary of lessons learned be provided to all providers in the county to better facilitate growth on the part of all providers. This communication should be presented from the Medical Director, and should provide all providers an opportunity to learn from the QA process findings.

Medical Director: _____ *M.T. [Signature]*

Date: _____ *9/19/18*

Chairman: _____ *C.C. [Signature]*

Date: _____ *9/20/18*