**EAST ALABAMA EMERGENCY MEDICAL SERVICES, INC.**

**ADMINISTRATIVE POLICY**

**RE: Regional Acute Health System QI/QA Committee Case Guidelines**

The following is a policy which shall be adhered to by the Staff of East Alabama Emergency Medical Services, Inc. (EAEMS)

**PURPOSE:**

To provide a uniform policy and procedure related to East Alabama EMS Regional Acute Health Care System QI/AQ Committee Case Guidelines.

**PROCEDURE:**

Trauma and Stroke System QI/QA cases may be reported to the Regional Office by ATCC, self-reported by an EMS Service, by hospital staff, or by Regional Staff.

Each issue will be assigned a case number and it shall be placed into one of three categories.

**Level 1 QI Cases** -- These cases are considered administrative, not clinical, and are reviewed with providers at the Regional Level. These cases are remedied satisfactorily and no further action is required. They are listed for the QI Committee to review and if anyone has a question, they are open for discussion.

**Level 2 QI Cases** – These cases involve protocol, procedure, and/or patient care issues. Information from the EMS Provider is requested (via the Request for Information (RFI) process on the next page of this policy) and information is reviewed by Chief Executive Officer (CEO) and the Regional Medical Director. That information may include a copy of the PCR with patient personal information redacted, a statement from the EMS Manager describing why procedures were not followed and what re-educations/remediation that will take place, and notification that the services off-line Medical Director has been made aware of the issue.

The case is presented to the committee for discussion and disposition. The committee may concur with Regional recommendation that no further action is needed or that the medic and manager need to meet with the CEO, Regional Medical Director, and/or neutral third party for further discussion.

**Level 3 QI Cases** – These cases are sent to the Alabama Department of Public Health Office of Emergency Medical Services (ADPH-OEMS) for resolution. These may be cases that cannot be resolved as a Level 2 case, or are in such violation of EMS Rules that they need to be handled at the state level immediately.

**REQUEST FOR INFORMATION FOR QI CASE(S) – PROCEDURE**

1. When a QI case requires additional information a Request For Information (RFI) letter is required and is sent from the Regional Medical Director via the EAEMS email account [eaems@centurytel.net](mailto:eaems@centurytel.net) (Attachment A);
2. The letter is prepared by the Systems Coordinator, filling in the appropriate information as noted on the RFI;
3. The RFI is proofed by the CEO or the Secretary to the CEOI;
4. Once approved, the RFI is sent via email to the individual/service provider using the EAEMS [eaems@centurytel.net](mailto:eaems@centurytel.net); The email will also be CC to the CEO email – [john.blue@jblue.net](mailto:john.blue@jblue.net);
5. If the individual receiving the RFI calls the Regional Office with questions or needing clarification about the RFI or the case, they should be directed to call the CEO at the number stated in the RFI. The CEO will answer questions on behalf of the Regional Medical Director;
6. The Secretary to the Chief Executive Officer or the Systems Coordinator shall check the “EAEMS” email inbox daily for receipt of the information; If it is emailed to any other email, the CEO shall be notified.; Once information is received, via email and/or fax it shall be delivered to the Systems Coordinator to be placed with Memorandum of Record (MOR) for the case;
7. The Chief Executive Officer shall be notified when the information requested has been received;
8. An email will be sent to the individual/service provider stating the requested information has been received;
9. If information requested is not received within 5 business days from the initial request, a follow-up call will be made to the individual/service provider to inquire:
10. Did they received the original email?
11. Did they reply to the RFI? (We may not have received it)
12. When did they reply or when will they reply?

Once follow-up communications is made, record conversation/communication in the open MOR.

1. If partial information requested is received, the CEO shall review the information received and make a determination if other information is required. If so, if a follow-up email will be sent acknowledging which information was received and which information is still needed. That message will also be sent from the EAEMS email account; and
2. If the information requested is not received within 10 business days of initial request, the Chief Executive Officer will be notified and will determine the next course of action.
3. The CEO shall review the facts and findings and then review with the Regional Medical Director.
4. The CEO and staff present the facts/findings to the Regional QA/QI Committee and based upon the information provided by and/or discussed with the EMS Provider to include but not limited to:
5. In-house case review;
6. Documentation;
7. Protocol and operational practices education;
8. In-house remediation;
9. The EMS Provider OLMD (Off-Line Medical Director) was briefed on the facts/findings and concurred with the plan of action.

The Regional QA/QI Committee accepts the steps and actions taken in the case or makes further recommendations . Documentation to support the case is outlined in separate MORs (Memorandum of Records).

Adopted: 10.01.2019

Reviewed: 09.24.2019

Revised: 08.28.2019

Distribution: EAEMS MDAP

EAEMS Administrative Policies

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