Grant County Fire Protection District 3

POLICY AND PROCEDURE

TACTICAL ACTION GUIDELINES

1. NUMBER: 9.3.2

2. SUBJECT: ***Quality Performance/Peer Review***

3. POLICY: The purpose of this document is to ensure appropriate patient care is valued by continuous review of performance of EMS personnel affiliated with Grant County Fire District 3 by establishing audit criteria and a process for review of patient care.

4. SCOPE: This Policy and Procedure is applicable to all personnel of Grant County Fire District 3.

5. RESPONSIBILITIES:

   A. The District Fire Chief is responsible for ensuring that this Policy and Procedure is followed.

      1. Continually improve the quality of patient care.
      2. Maintain local and state compliance with all pre-hospital requirements and regulations relating to patient care.
      3. Identify potential problems, provide mechanism(s) for problem resolution, and monitor outcomes of the services.
      4. Providing a training program that ensures:
         a. Understanding of the Grant County Protocols.
         b. Understanding of the need to fill out the Medical Incident Reports or Grant County Fire District 3 Field Medical Form.

6. PROCEDURE:

   A. The Quality Improvement Committee receives information for trending and data collection from two sources.

      1. Audit criteria.
      2. Quality Management Memos.

      The QI process is afforded protection from discovery under the State Law. Strict rules must be followed to secure patient reports separately and to maintain strict confidentiality of all records to preserve the documents integrity and to protect patient rights.

B. The EMS Supervisor will be responsible to:

1. Review all Medical Incidents and Field Medical reports using the attached EMS Review form.
2. Meet with the QI Committee on a monthly basis.
3. Attend County QI meetings.
4. Ensure appropriate charts are pulled for review, submitted to the Physician Advisor, and forwarded to the MPD of Grant County.
5. Ensure all patient records are secured by using a locked filing system and by limited access to Committee members only.
6. Maintain integrity of all patient records, and documents relating to the QI process.

C. The QI Committee (as depicted in the QI Plan under COMMITTEE heading) will meet on a monthly basis to:

1. Develop audit criteria (benchmarks) for in-house review.
2. Review each MIR and Field Medical report using the attached Provider Review/Committee action form.
3. Screen all patient care records for review by the local Grant County QI Committee.
4. Maintain integrity of all patient care records and QI documentation.

See Appendix 09_03_02