

# Montgomery County Emergency Medical Services



Quality Assurance,  
Continuous Quality Improvement, and  
Field Training Officer Programs

Standard Operating Guidelines

## PURPOSE

The State of Tennessee-Department of EMS mandates that each and every ambulance service that operates within the state of Tennessee adopt and put to use a full scale Continuous Quality Improvement/Quality Assurance Program. It is the focus of Montgomery County EMS, through patient chart review, remedial training, in-servicing, and Field Training Officer assistance, to uphold and improve on the Standard of Care adopted by the State of Tennessee. This manual has been prepared to provide employees of the Montgomery County Emergency Medical Services Standard Operating Guidelines for the Quality Assurance, Continuous Quality Improvement, and Field Training Officer Programs

Approved and adopted the \_\_\_\_\_ day of \_\_\_\_\_, in the year 2006.

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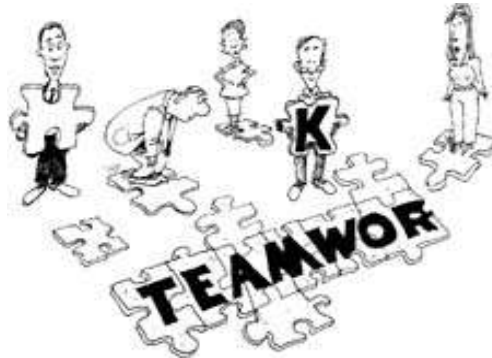
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## **MISSION STATEMENT**

The Quality Assurance and Field Training Officer Committee will strive to enhance and improve the Emergency Medical Services System consistent with the rules and regulations, SOG's and accepted medical protocols as set forth by Montgomery County EMS through Continuous Quality Improvement principles, through the pursuit of personal excellence, effective leadership and positive working relationships.



## **PRIVACY STATEMENT**

Montgomery EMS respects the privacy of patients as well as EMS system providers and will, to the greatest extent possible, protect individually identifiable information from public disclosure.

## **ACKNOWLEDGMENT**

One of the biggest challenges is to change the culture of the organization from one of finding deficiencies and “fixing” the person or problem, to that of looking at the process and creating the environment in which it is all right to point out problems and make mistakes. It’s called teamwork and it is highly essential to the successful operation of any organization. Part of the challenge is balancing the need to provide an environment designed to improve quality and not to injure the public. A vital key to success is recognizing the difference between problems and performance issues. It is the responsibility of the Field Training Officer and the Training Coordinator to be able to identify those differences and choose the most appropriate course of action to remedy the situation. Quite simply put:

***“Quality Through Excellence”***



## **QUALITY ASSURANCE DEFINED**

The role of Quality Assurance (QA) is to evaluate the quality of care provided to patients requesting service from EMS. QA is comprised of multiple quality control activities. These activities exist within our organization to prevent unwanted change and to evaluate existing policies and/or procedures. Moreover, quality control activities exist to improve the quality of care provided and enhance Montgomery County Emergency Medical Services responsiveness to the citizenry.

This QA Plan details four (4) separate phases of the Montgomery County EMS Quality Assurance Plan:

1. Patient Care Report Documentation Standards.
2. In-House Patient Care Report QA review.
3. EMS Medical Director QA of Patient Care Reports.
4. Peer Employee Field Observation.

### ***Phase 1 – Documentation Standards***

The Montgomery County EMS CQI/QA Committee has adopted minimum documentation standards for many categories of patient encounters. Each category has specific documentation guidelines to assure complete documentation of the patient's condition, as well as the treatments provided by the EMS providers.

\*\*\*See Attachment I\*\*\*

Every Patient Care Report reviewed by the QA committee members or the Medical Director shall be evaluated on these standards.

### ***Phase 2 –In-House Review of Patient Care Reports***

Patient Care Reports (PCR) reviews shall be conducted on an on-going basis to provide feedback to the individual providers and the EMS system as a whole. PCR reviews shall be completed internally within the EMS Department while practicing full privacy of both the patient and the EMS provider.

Internal Departmental Review of PCR:

- A. The Montgomery County EMS Training Coordinator shall appoint a “Q/A Committee” to review PCR’s. The committee will be comprised of personnel selected by the individual shift officers, and will be appointed, and referred to herein as “Field Training Officers.” (FTO’s)
- B. All FTO’s will conduct PCR reviews as assigned by the Training Coordinator.
- C. A Monthly schedule will be adopted by either the EMS Medical Director, The MCEMS Deputy Chief or the MCEMS Training Coordinator.

\*\*\*See Attachment II\*\*\*

- D. The number of PCR’s to be reviewed is determined by the State of Tennessee. By these standards, a total of 35 of PCR’s, plus 10% of the remaining total of each category scheduled for review in a calendar month will be preformed.

(Example: If the total number of PCR’s involving Spinal Immobilization for the month of January is 105, 35 PCR’s must be reviewed with an additional 7.  $105 - 35 = 70$ .  $10\% \text{ of } 70 = 7$ . This is a total of 42 PCR’s that must be reviewed)

- E. MCEMS shall also conduct 100% review for all of the following situations:

- Cardio/Pulmonary Resuscitation
- Rapid Sequence Induction
- EZ IO
- Childbirth
- Cryothyrotomy
- Chest Decompression
- Intubations

- F. Once review of the PCR is complete, all documentation is to be forwarded to the Training Coordinator. He/She is then to return feedback to the EMS provider responsible for the PCR. In the event that major problems are discovered during the review of the PCR, or if the Training Coordinator deems it necessary, a meeting will be called for all FTO's to discuss that particular PCR. The Committee may find it necessary to call EMS providers into the meeting to clarify problems encountered during the PCR review, or to clarify activities that took place during the call related to the PCR.
- G. If in the event major problems (i.e. deviation from Patient Care Protocols, Etc...) are discovered, it is the responsibility of the Training Coordinator and FTO's to determine what types of remedial training, or Field Observation should take place. These determinations will consist of a minimum of, but not limited to:
- Six (6) weeks review of all PCR's
  - Six (6) rides with an FTO riding third on a truck. (FTO's may determine that 6 rides are not necessary based on the providers performance in the field and may be waived as the FTO determines.
  - Clinical time in an appropriate hospital setting to be determined by the QA/FTO committee.
  - Any classes or educational training that is deemed necessary by the QA Committee and/or Training Coordinator

The recommendation is that of the FTO committee but may be overturned by The EMS Chief as he see's fit.

- F. If the EMS Provider responsible for the PCR disagrees with the decision of the QA/FTO committee, they are urged to make an appointment with the Training Coordinator and the FTO's to discuss the issues. Such appointments should be made by contacting the Training Coordinator, who in turn, will contact the FTO's and a meeting will be scheduled. If after the meeting takes place and the EMS provider still has issues with the decisions rendered, He/She shall follow the QA/CQI Chain of command as outlined below.
- The Chain of command for the CQI/QA should begin with assigned individual shift FTO's.
  - If no acceptable answer is obtained the EMS Provider shall request a meeting, as outlined above, by contacting the Training Coordinator.
  - Once the meeting has taken place and still no acceptable answer has been obtained, the EMS Provider should contact the MCEMS Deputy Chief.
  - And finally, if the EMS Provider is still unsatisfied with the response, He/She is to contact The MCEMS Chief/Director.

### ***Phase 3 – EMS Medical Director Review of Patient Care Reports***

#### EMS Medical Director Review

- A. When deemed necessary by the QA Committee, PCR's will be forwarded to The Medical Director for review. Such incidents may include, but are not Limited to:
  - PCR's which violate Patient Care Protocols or MCEMS Standard Operating Guidelines
  - RSI's
  - EZ IO
- B. The EMS Medical Director shall review the selected PCR's and issue a written summary of specific and general findings. This documentation shall be utilized by the EMS agency to provide additional feedback to the EMS Providers, as well as to address agency wide issues.
- C. The EMS Medical Director shall, at his/her discretion, conduct Field Audits of the EMS agencies QA/CQI files to assure compliance with all criteria. When requested, these files shall be made available to the EMS Medical Director and he/she shall be granted full access to them.

### ***Phase 4 – Peer Employee Field Observation***

- A. Compliance issues by peer employees may be brought to the Attention of the QA/Field Training Officer Committee by submitting them in writing, on the appropriate forms. These forms will be compiled by the committee and will be made available for use at the main station. Once completed the form should be placed in the "locked and secured box" also located in the main station. It is to be noted that these forms are used for the sole purpose of improving areas of need and not for disciplinary actions. Concerns should be limited to Peer Employee patient care issues and not general complaints (i.e. station conditions, truck inventory, etc....). Every concern brought forth to will be investigated by the committee and addressed as is found necessary. \*\*\*See Attachment III\*\*\*

***Remember, it takes team work to accomplish the common goal and the common goal is excellence in patient care.***



## **CONTINUOUS QUALITY IMPROVEMENT DEFINED**

Continuous Quality Improvement (CQI) is the sum of all activities undertaken to assess and improve the services provided throughout the entire Emergency Medical Services (EMS) system. The CQI process couples carefully identified, measurable performance indicators with information systems to monitor, analyze, and trend data. The goal is to deliver a service that is timely, consistent, appropriate, compassionate and, most importantly, beneficial to the patient's outcome and/or comfort. This goal is accomplished using the following procedures:

1. Patient Care Report Review
2. Trending systemic or individual problems
3. Regularly scheduled mandatory in-serving
4. Individual remedial training

### ***Part 1 – Patient Care Report Review***

- A. Patient care reports will be reviewed on a regular basis using the QA/CQI Protocols, and done so as is dictated by the QA/CQI schedule. Please refer to the Quality Assurance guidelines in this manual for information regarding this process.

### ***Part 2 – Trending systemic or individual problems***

- A. Information gathered while reviewing patient care reports will be used to determine the need for service wide in-servicing. For example, a multitude of missed IV attempts, intubations, deviation from patient care protocols, etc... will dictate the need for in-servicing on a system wide basis. This will be determined by the Training Coordinator as information is gathered and reported back to him/her.
- B. Individual Employee problems may also be gathered through the review process and will be addressed as outlined in the Quality assurance section of this manual.

### ***Part 3 – Regularly Scheduled Mandatory In-servicing***

- A. Montgomery County EMS will hold regularly scheduled mandatory In service each month. Topics for the in service and or training will be determined by the Training Coordinator. **MANDAOTORY In-Services WILL BE ATTENDED BY OFF DUTY PERSONNELL ONLY!!**

### ***Part 4 – Individual Remedial Training***

- A. Individual Remedial Training shall be offered to employees on an “as needed” basis. Remedial training may consist of appropriate clinical time in the hospital setting, mandated individual classes or private tutoring, of FTO rides. The type of remedial training offered will be determined by the QA/FTO Committee and forwarded to the Chief of MCEMS for approval.

**NOTE: These guidelines are used to improve on the quality of care that is delivered to the citizens of Montgomery County. They are in NO WAY disciplinary actions and should not be considered as such.**

## **FIELD TRAINING OFFICER DEFINED**

The Field Training Officers are peer providers who are designated by management to conduct “In Field” Evaluations of patient care and overall employee compliance with protocols. They are also utilized to mentor students, either EMT or Paramedic, on an “As Needed” basis. Field Training Officers work directly with the EMS Training Coordinator to insure overall field quality excellence within Montgomery County EMS through the duties listed above.

***Purpose*** – The purpose of the Field Training Officer Program is to designate specific peer personnel as “preceptors” for training, internship, and overall field quality to improve the systemic response of Montgomery County Emergency Medical Services to the citizens of Montgomery County.

### ***Appointment of Field Training Officers***

- A. Candidates for Field Training Officers shall be recommended by the individual Shift Supervisors. Final approval of such candidates will be determined by the MCEMS Chief, assistant Chief, and Training Coordinator, and any current FTO’S.

### ***Responsibilities of the Field Training Officer***

- A. Field Training Officers (FTO’s) report directly to the Training Coordinator.
- B. FTO’s are responsible for working with new hire employees. They will insure that new hires are familiar with MCEMS Medical Protocols, SOG’s, and the general tasks expected of employees.
- C. FTO’s will assist, in any way possible, any employee who asks for assistance in area’s he or she may be having problems, or is uncomfortable. They will also assist EMT-Paramedic students with problems encountered during their course of studies and offer helpful suggestions when available.
- D. FTO’s will serve as part of the QA/CQI Committee. They will perform review of Patient care reports as is assigned by the Training Coordinator.
- E. FTO’s will assist the Training Coordinator with In-Servicing. They may be required to teach some of the in-servicing as needed.
- F. FTO’s are expected to set an example for other employees through continued excellent patient care, practice of MCEMS Patient Care Protocols as well as SOG’s, and Professional Behavior.

- G. FTO's are expected to maintain the highest level of confidentiality with all matters relating to QA/CQI matters.

### ***New Hire Employee Orientation***

- A. The Training Coordinator is responsible for orienting the new hire Employee to the MCEMS Medical Protocols, SOG's, Safety Manual, etc... and ensuring that copies of such have been delivered to them.
- B. All New hire employees will ride a minimum of 48 hours with an FTO. During this time, FTO's are to assist new hires with everyday operations of MCEMS. While it is the decision of the FTO whether the new hire employee needs to ride longer, a minimum of 48 hours will be required. There are no exceptions to this rule and Shift Supervisors will work with the FTO to insure compliance. Once the FTO "releases" the new hire for work they are expected to function as an entry level Emergency Medical Technician or Paramedic.

### ***Mentoring***

- A. When possible, FTO's shall be available to all employees to aid in any area that may be necessary to improve that provider's skills or knowledge. They shall also be available to assist paramedic students with areas of study that they may be having problems in.
- B. The FTO's should be able to provide employees/students with information requested through either base knowledge or text books where it can be found.

### ***Patient Care Report Review***

- A. FTO's shall conduct regular review of patient care reports as assigned by the Training Coordinator. Reviews shall be performed based on the Standards of the State of Tennessee, and the MCEMS QA/CQI Manual.
- B. FTO's shall submit, in writing, all findings incurred during the review of the Patient Care Report to the Training Coordinator.
- C. FTO's will participate in QA/CQI/FTO Committee meeting as determined by Training Coordinator. They will also sit in on EMT/EMT-P interviews as requested by the Chief, Assistant Chief, or the Training Coordinator.

## ***Field Training Officer Field Evaluations***

- A. When deemed necessary by the Training Coordinator, FTO's shall conduct Field Observation Rides of certain employees. The number of hours required to ride with the FTO will be determined by the FTO Committee, and approved by the MCEMS Chief.
- B. Employees are encouraged to work to their normal practices so that identifiable problems can be determined, and corrections made to improve the situation.
- C. FTO's are required to report back to the Training Coordinator/FTO Committee all findings from Field Evaluations through the use of standardized forms. This information will be reviewed with the employee present to determine if additional actions need to be taken.
- D. When necessary the EMS Medical Director will be asked to attend such Meetings and encouraged to ask questions or offer suggestions.

***Remember, it takes team work to accomplish the goals set forth in this manual. Everyone pitching in to do their part will help Montgomery County EMS to become the very best that it can be.***

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