

S.O.P. #: 600-05

SUBJECT: QUALITY ASSURANCE REVIEWS

DIVISION: EMERGENCY MEDICAL SERVICES

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Objective: This procedure provides a framework to institute a Quality Assurance review of medical issues and non-medical issues involving Baltimore County EMS providers.

Section 1: General

- A. All EMS providers and personnel are responsible for reporting EMS procedural errors, including any act or failure to act, in practice or judgment, involving patient care that is inconsistent with established Maryland Medical Protocols, Educational Article, 13-509, 13-510, and 13-516, Annotated Code of Maryland, MIEMSS, EMS Operational Program, Subtitle 03, (COMAR) or Baltimore County Standards of care. This reporting is required whether or not the incident results in any patient status change.
- B. This policy also addresses non-medical care complaints related to EMS Division operations. Complaints investigated by EMS Supervisory personnel under this policy include, but are not limited to misconduct, prohibited conduct, provider attitude, driving, missing valuables, etc. Provider behavior that is inconsistent with Federal, State, or Baltimore County Standards may be subject to the Department's Progressive Disciplinary Process.

Section 2: Procedure for Medical Issues

- A. The EMS provider in charge shall follow the immediate notification guidelines established in current protocols. This provides immediate medical control and direction regarding the situation and patient care.
- B. The reporting provider shall immediately notify their immediate supervisor and the immediate supervisor within the EMS chain of command.
  - 1. If not already involved, the EMS District Officer shall be immediately notified.
  - 2. The EMS Shift Commander shall be notified immediately by the EMS District Officer.
  - 3. The EMS Shift Commander shall immediately notify the EMS Director. If the EMS Shift Commander is out-of-service, the EMS District Officer shall notify the EMS Director. (This allows the Fire Chief and Assistant Chief to be notified of serious situations.)
  - 4. If the incident involves volunteer personnel, the EMS Shift Commander shall notify the Baltimore County Volunteer Firemen's Association (BCVFA) Operations Vice-President. The BCVFA Operations Vice-President or designee will ensure all volunteer officer notifications are made.
  - 5. The EMS Director shall appoint an EMS Shift Commander to be the Investigating Officer.
- C. The EMS Shift Commander shall request a written report from all involved personnel. This documentation shall be forwarded to the EMS Shift Commander within 24 hours of request. The documentation shall include all EMS Incident reports and documentation of the suspected protocol or procedure violated. For issues involving Volunteer providers, the Investigating Officer shall coordinate with the Senior Volunteer Company Officer in securing documentation. All volunteer incident documentation shall be made available to the Volunteer EMS Committee Chairperson, the Association President, or designee for review.

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- D. The investigating officer shall gather all reports submitted and conduct interviews, as needed for the investigation.
- E. Upon notification, the EMS Director designated as Quality Management Officer shall organize the Quality Management Review Board.
  - 1. The EMS Director shall select an EMS Captain to chair the board.
  - 2. The Quality Management Review Board Chairman shall:
    - a. Receive all documentation from the investigating officer.
    - b. Schedule a meeting of the Quality Management Review Board at the earliest convenience of all involved parties.
    - c. Notify all parties of the scheduled Quality Management Review Board meeting date.
- F. If this incident involves volunteer personnel, the Volunteer EMS Committee Chairperson or designee shall assist with all notifications.

Section 3: Suspension of Privileges

- A. If a provider's privileges have been suspended via the established guideline, a preliminary review by the EMS Director and Medical Director shall occur within 72 hours of the infraction. This review will determine only if the provider's privileges will continue to be suspended. The EMS QM Review Board may be scheduled as per above.
- B. If the EMS Director and Medical Director uphold the suspension of the provider's privileges, the EMS Director shall notify the Assistant Chief within 48 hours of the decision.
- C. If in the opinion of the Medical Director, an EMS QA Review Board is to be held, every effort will be made to move forward in a timely manner.

Section 4: The Quality Assurance Review Board

- A. The Quality Assurance Review Board shall consist of the following personnel:
    - 1. Career Incident
      - a. 1 EMS Captain (voting) - Chairperson
      - b. 1 EMS Program Instructor certified to instruct to the level of the infraction. (voting)
      - c. 1 peer representative (voting)
      - d. 1 IAFF Local 1311 representative (Ex-Officio)
      - e. Medical Director/Associate Medical Director (Ex-Officio)
    - 2. Volunteer Incident
      - a. 1 EMS Captain (voting) - Chairperson
      - b. 1 EMS Program Instructor certified to instruct to the level of the infraction (voting)
      - c. 1 peer representative (voting)
      - d. 1 Volunteer EMS Committee Chairperson or designee (Ex-Officio)
      - e. Medical Director/Associate Medical Director (Ex-Officio)
  - B. A secretary shall be present to record all activities. The Chair may utilize a member of the QA Board to serve as the secretary.
  - C. All members shall have no previous involvement in the current case.
  - D. The career provider shall be allowed to choose the peer representative from a list provided by the QM Officer. This representative shall hold the same certification or higher as the involved member.
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- E. The Volunteer provider will select their volunteer peer representative from a list of at least 3 (three) providers cleared to function by the Baltimore County Medical Director and hold equal or higher EMS certification/licensure.
- F. The Quality Assurance Review Board shall hear all facts, statements, and review all documentation pertaining to the case and notify the provider of their decision at the conclusion of the last board meeting. The Board shall submit written recommendation to the EMS Director and Medical Director within forty-eight (48) hours of the last board meeting. For volunteer providers, a copy of this recommendation shall be sent to the Baltimore County Volunteer Firemen's Association President. This decision with approval of the Medical Director may include, but is not limited to, established disciplinary procedures or remedial training.
- G. The provider may appeal an adverse decision to the EMS Director, five (5) days of receiving the Board's decision.
- H. The provider may appeal the EMS Director's decision to the Medical Director. This must be filed within Five (5) days of receiving the EMS Directors decision. This appeal must be made in writing.

Section 5: Special Considerations

- A. In situations where a violation or act occurs, or where the circumstances are deemed serious; a Medical Director/Associate Medical Director or an EMS Officer (Captain or higher). Shall have the authority to immediately stop a provider from functioning at their level of certification. This procedure shall occur only as a last resort and must be immediately reported to the EMS Director, who shall then notify the Medical Director, Assistant Chief and, if volunteer, the BCVFA Vice- President of Operations.
- B. An EMS District Officer, under similar circumstances described above, shall have the authority to stop a provider from functioning for the duration of an incident. At the conclusion of the incident, the EMS Shift Commander shall be contacted and decide whether to continue this suspension based upon the circumstances. The authority to stop an individual from functioning is delegated from the Fire Chief and the Medical Director.
- C. The Department recognizes that there is a great deal of clinical judgment in pre-hospital medicine. Once the EMS Director (QA Officer) is notified of an incident a decision will be made in conjunction with the Medical Director to proceed as a Medical Case Review or to convene a Quality Assurance Board. The primary purpose of a Medical Case Review is to review the specific details of the clinical case and determine if there are any lessons to be learned, best practices, near misses, etc. and provide training to ensure best practices are being implemented in a timely manner. The EMS Officer can use a Performance Improvement Plan to document these incidents if appropriate, i.e., lessons learned or near misses to ensure that we provide the highest quality of service.
- D. While the Medical Case Review is intended to be educational, there may be circumstances where formal counseling or disciplinary action is appropriate.
- E. EMS Officers Case Reviews:  
A Case Review will be submitted for any case that has a lesson to be learned and may include: any interesting case that does not easily fit into a protocol and provides an educational opportunity, near misses, clinical judgment issues, provider knowledge deficits, complaints received, conduct/customer service issues, best practices or exceptional care by crews. These cases will be used to identify trends that can be addressed to improve the departments EMS service delivery.

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- F. The EMS Director, Division Chief, or Assistant Chief shall have the authority to cause the established Quality Assurance process to be bypassed and the incident immediately handled within the Baltimore County Fire Department's disciplinary process.

Section 6: Legal Statement on Quality Management

- A. Quality Management is an established function of the Baltimore County Fire Department. Accordingly, the proceedings, records and files of any Quality Management hearing are confidential by law pursuant to Section 14-501 of the Health Occupations Article of the Annotated Code. Additionally, much of the information gathered by the Baltimore County Fire Department will be deemed confidential by law (State Government Article Sections 10-616 (j) and 10-617 (b)), because it contains medical or psychological information about individuals or constitutes a hospital record. The confidentiality of this information will be protected as well.
- B. It is expected that all members and participants will maintain the confidentiality of all information. Willful and knowing release of information deemed confidential by law could result in criminal penalties (State Government Article Section 10-627). Additionally, willful and knowing disclosure of a confidential record, which identifies any individual, could result in liability to the individual for actual or punitive damages. (State Government Article Sections 10-626).
- C. Participants in any phase of the EMS Quality Management function shall be required to sign a confidentiality statement acknowledging and agreeing to the above.