

Arizona Emergency Medical Systems, Inc.

**RED BOOK
CHAPTER 9**

Quality Assurance

Quality Assurance Procedure

DISCLAIMER

This Manual sets forth procedures and protocols deemed by AEMS to be within the acceptable standard of medical care. It is specifically recognized that there are acceptable variations from these procedures and protocols, which may also satisfy the standard of care. Therefore, variations from these procedures and protocols are not necessarily deemed to be outside the standard of care. This manual does NOT define, limit, expand or otherwise purport to establish the legal standard of care.

AEMS Regional Quality Assurance (Peer Review Guidelines)

Approved by AEMS Board of Governors: October 2001

Objectives:

1. To provide all members of the Prehospital care team a means to identify and resolve issues as they arise.
2. To institute a workable guideline for facilitating issues which are not resolved on an individual basis.

A. Introduction:

An essential ingredient of Quality Assurance is the identification and resolution of issues. The majority of issues arising from disagreements in patient management with the prehospital team can and should be dealt with on an individual basis with those individuals directly involved. A philosophy of fairness to all parties and thoroughness of investigation of all facts must be applied in all cases. If the issue remains unresolved after Step II and involves potential non-adherence to AEMS guidelines, or no clear guidelines exist, a Peer Review request should be sent to the AEMS office via web site, mail, or phone communication. Requests will go to the appropriate Functional Group chair who will designate one or more people to research the issue.

The following Peer Review steps shall be utilized if a potential non-adherence to AEMS Guidelines exists:

Step 1:

Upon identification of a situation requiring application of the Peer Review Guidelines, those individuals directly involved should attempt to resolve the issue immediately on a one-to-one basis. If a resolution is mutually agreed upon, these guidelines need not be carried further. Should either party involved in the issue prefer not to attempt resolution, if repeated cases occur, or at any time the discussion of the matter becomes unproductive, attempts for initial resolution should be halted and Step II of these guidelines applied.

Step II:

If initial resolution via a one-on-one basis for whatever reason is not possible, parties involved in the issue should present their concerns with available facts to their agency's most appropriate official who can work to resolve the issue. Representatives from each agency should then interview the individuals from their agency to determine all facts. This should be done separately and as soon as possible following the incident. After the facts are gathered from the person being interviewed, the representatives from each agency should meet in a timely manner and discuss the issue. If the facts confirm that the situation did occur, justifying the assembly of all parties to resolve the matter, then such a meeting should be scheduled. If however, the issue can be resolved between the agency representatives, then the assembly of parties involved is not necessary. If the need to assemble the parties involved persists, this should be done as soon as possible. The meeting should involve only those parties directly involved in the issue, should be held in private, and a sincere effort should be made at the beginning of the meeting to emphasize that it is not a disciplinary action.

The objective of the meeting should be to resolve the issue so that it does not recur. Outcomes may address the areas of training, policy revision and/or policy development, among others.

Step III

Those issues not resolved through Steps I and II of this guideline would then require third party intervention to investigate and attempt resolution. This would involve the appropriate Functional Group Chair who will be permitted access to documentation and other investigative materials from previous attempts at resolution. The Functional Group Designee may request or initiate additional research of the issue at his/her option. Once adequate information and/or evidence on the matter is prepared, a meeting with those parties directly involved must be held in private.

The Functional Group Designee will act as facilitator and should attempt resolution based on the evidence presented by all parties involved. Should resolution of the issue fail, the fourth step of this guideline should be applied.

Step IV:

Those issues not resolved in Steps I through III of this guideline should then be forwarded by the Functional Group Chair to the Chair of the AEMS Board of Governors. The Chair will then convene a Peer Review panel consisting of the Chairman of the Board of Governors, the Chair of each Functional Group and one consumer representative from the Board of Governors. The Peer Review panel may be permitted access to all documentation and other research materials for review. The panel may also initiate additional research at their discretion. A meeting should be scheduled in private for all parties to present their positions to the panel. Following thorough research and at the conclusion of the meeting, the panel should attempt a mutually agreed upon resolution by all parties. If consensus is not reached, the panel should issue written recommendations regarding the issue. These recommendations may include introduction of new legislation, rules, regulations, guidelines, and other system changes that would benefit patient care and the EMS system. After approval by the Board, these written recommendations will be forwarded to the Director of BEMS.

Step V:

Those issues that cannot be resolved in the previous steps can be referred to the Arizona Department of Health Services Bureau of Emergency Medical Services Medical Director. Judgement may indicate bypassing some of the previous steps if the issue is of a serious nature or if the issue resolution is not within the scope of AEMS function, (*i.e.* unauthorized activities that jeopardize paramedic certification, falsification of records, persistent EMTALA violations).

I. Peer Review Guidelines

- A. Philosophy/Introduction
- B. Objectives for Process

II. Types of Issues The contact person and nature of the issue could be forwarded to AEMS via the web site.

- A. In the field conflicts (medical and other)
- B. Noncompliance with designated care guidelines
- C. Destination concerns (wrong type, wrong one)
- D. Mode of transport (air, ground, PD, POV)
- E. Dispatch of resources (wrong one, wrong kind)
- F. Problems with Air Ambulance service

III. Steps for Resolution

A. Peer Review steps

1. One-to-One
2. Facilitated communication
3. Supervisory assistance
4. Base station staff
5. AEMS Board
6. ADHS

IV. Closure of Issue

- A. Remediation
- B. Documentation