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**Department of Emergency Services  
Fire-EMS Division  
Standard Operating Procedures**

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## General Policy

Subject: Quality Assurance/Improvement Program  
Revised: 4-1-03  
Section: 228.00

### 228.01 Purpose

- A. To provide an on going program that insures the highest quality of patient care is provided and correctly documented.
- B. It will be the policy of the Ocean City Fire-EMS Division that quality assurance/improvement will be an on going process and a means to review significant incidents.
- C. The goal of the Ocean City Fire-EMS Division is to deliver a service that is timely, consistent, appropriate, compassionate, cost effective, and most importantly, beneficial to the patients outcome and/or comfort.
- D. These goals will be consistent with the State of Maryland Medical Protocols, adhered to at the regional and state levels.
- E. This evaluation process should reflect appropriate priorities and should be accomplished in a positive fashion to maintain morale and be supportive to the EMS providers.
- F. A Medical Review Committee will be established and will be charged with Quality Assurance and Quality Improvement. The committee will investigate written or oral allegations that an EMS provider of the Fire-EMS Division of Ocean City, MD. failed to act in accordance with applicable laws or protocols or that pre-hospital care was below the acceptable standard of care. The members of the Medical Review Committee will be:
  - 1. Jurisdictional Medical Director
  - 2. Director Emergency Services, Ocean City Fire-EMS Division
  - 3. Captain, Ocean City Fire-EMS Division
  - 4. Operation Lt., Ocean City Fire-EMS Division
  - 5. Training Lt., Ocean City Fire-EMS Division
  - 6. Provider, Ocean City Fire-EMS Division
  - 7. (An unnamed peer)
- G. Medical Incident Review will function to:
  - 1. To provide remedial action to resolve patient care issues.
  - 2. To identify and report protocol variation.
  - 3. To notify MIEMSS as appropriate incidents occur.

4. Extraordinary Care Protocol 24-hr. phone notification.
5. Protocol variances and other care issues (preliminary report 5 days, final report in 35 days).

## 228.02 Procedure

### A. Attendant Writes Report.

1. The primary attendant writing the report will be the attendant who provided the primary care role for the patient at the scene and enroute to the hospital.
2. Maryland Medical Protocols for report writing will be followed when writing the report.
3. The narrative will be legible, accurate, and should indicate appropriate pre-hospital care as per Maryland Medical Protocols and commonly accepted practice according to their level of training.

### B. Review of Report.

1. The Shift Lieutenant, Captain, or designee, reviews all run sheet reports for accuracy, legibility, identify trends, sentinel events and appropriate responses as dictated by the Maryland Medical Protocol for state run report guidelines.
2. These reports will be collected daily and the Incident Report numbers will be cross-referenced to the Supervisory Management Reports from the Communication Center of the Emergency Services Division. This will ensure that a report is filled out for each emergency response that is dispatched from the Communications Center.
3. The only exclusion for filing a report is when Communications cancels the emergency response prior to arriving on the scene or there is no patient/family contact when arriving on the scene such as in a false/good intent report.
4. An emergency response will be defined as a dispatched call from Communications and an ambulance was dispatched out for an emergency response.
5. The Shift Lieutenant, Captain or designee may question the provider who was the attendant for information that may be missing or not legible. These revisions should be of a minor nature (i.e. IR number, mileage, times, legibility, neatness, sections left blank, and lack of signatures).
6. To analyze trends and develop recommendations for appropriate action, the following may be utilized:
  1. Determine specific indicators to track in order to determine compliance.
  2. Select a percentage of MAIS forms for random review.
  3. Track specific jurisdictional indicators.
  4. Review all incidents involving a specific patient

condition or procedure.

C. Review by Training Lieutenant and Medical Director.

1. If a report indicates that there is opportunity for improvement due to questionable negligence or omission, the Training Lieutenant and/or the Medical Director will be notified and a Quality Improvement/Assurance Program Documentation Form will be filled out and forwarded to the Training Lieutenant and /or Medical Director. This documentation form will be placed in the records of the Training Lieutenant with this individual's certification papers and will be kept confidential.
2. The Training Lieutenant and/or the Medical Director together will determine a course of action. Together the Training Lieutenant and/or Medical Director will:
  - a. identify the problem
  - b. establish a corrective plan of action which may recommend changes in protocol, operations, or equipment
  - c. execute the plan
  - d. measure the outcome
3. Discussion should be documented on the Quality Improvement Form and the primary attendant may be present for his/her input or explanation. This counseling may be in private and a mutually acceptable corrective course of action should begin. Commonly, remediation will be limited to a training or educational process and rarely involves disciplinary action.
4. If a resolution can not be reached at the Level of the Training Lieutenant and/or Medical Director, the Quality Improvement Form with pertinent documentation should be forwarded to the Regional EMS office for review and follow-up

### 228.03 Confidentiality

- A. The EMS Jurisdictional Medical Review Committee is established as a Medical Review Committee as part of the Maryland EMS System. Accordingly, the proceedings, records and files of the EMS Jurisdictional Medical Review Committee 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 EMS Jurisdiction will be deemed confidential by law, because it contains medical or psychological information about individuals or constitutes part of a hospital record. The confidentiality of this information will be protected as well.
- B. It is expected that all members of the Medical Review Committee and any invitees will maintain the confidentiality of all Medical Review Committee information. Willful and knowing release of information deemed confidential by law could result in criminal penalties. Additionally, willful and knowing disclosure of a confidential record, which

identifies any individual, could result in a liability for actual and punitive damages.

- C. All members of the Medical Review Committee and any other individuals who become exposed to this information shall be required to sign a statement agreeing to this statement.