DAVIE COUNTY EMERGENCY SERVICES

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PERFORMANCE IMPROVEMENT MANUAL

The purpose of Davie County Emergency Medical Services and 911 Communications is to ensure the delivery of high quality, safe and appropriate medical care to all citizens and visitors within Davie County and beyond when mutual aid is requested. In order to promote this standard a system shall be in place to assess, monitor, identify, correct and improve our performance in a variety of ways.

This manual will follow the standards adopted and approved by the North Carolina Office of Emergency Medical Services and the North Carolina Chapter of Emergency Physicians' guidelines for EMS Performance Improvement. This manual also encompasses our entire EMS system including Emergency Medical Dispatch, ALS / BLS and First Responders.

In general our first standard for Performance Improvement begins with each Davie County EMS, EMD and First Responder. Each individual is responsible for critically assessing their own daily performance and should seek ways to improve their performance. They may do this by protocol review, critical review with their crew-partner, self based study and / or solicit the assistance of our Training Officer, Shift Supervisor, Field Operations Officer and / or 911 Communications Director.

Second, our Field Operations Officer, Shift Supervisors and 911 Communications Quality Review Officer review call reports daily for quality, completeness and protocol compliance. The Training Officer also will assist in this review. This immediate review serves to identify problems unrecognized by the crew.

Third, the Field Operations Officer, Training Officer, EMS Director as well as the Medical Director may at times respond to scenes to assist and assess care rendered by EMS providers.

Fourth, hospital providers may at times identify instances where our providers may have an opportunity to learn and enhance their skills and / or performance. One example is STEMI, Stroke and Trauma program reviews.

Fifth, First Responders, Fire Department personnel and Law Enforcement personnel may note issues where our performance may be improved. The public at large may note issues where our performance may be improved as well.

Lastly, a Peer Review Committee serves as the final oversight and review entity for Davie County's EMS system as well as the county's Emergency Medical Dispatch Program.

DAVIE COUNTY EMERGENCY MEDICAL SERVICE

MISSION

Davie County EMS functions as an integral part of the community. The EMS system provides advance life support pre-hospital care services for the residents and industries of the county and surrounding communities. We strive to improve and stay on the cutting edge of Emergency Medical Services.

VISION

Davie County EMS is the provider for advance life support pre-hospital care as part of an intergraded local, regional and state Emergency Medical Service.

CONTINUING EDUCATION TO IMPROVE MEDICAL CARE

1. **Continuing Education:**
   Continuing Education (Con Ed) is the foundation for delivery of quality medical care. The North Carolina Office of EMS dose NOT mandate EMS agencies offer Con Ed. Davie County EMS and EMD elects to offer this as a benefit to all providers.

   The Training Officer will outline class schedules annually. We will cover a variety of topics during the year and the subjects may change based on items discovered during Performance Improvement Review. Con Ed will be held twice monthly with the exception of July and December for vacation time and holiday. Monthly protocol review and testing will also satisfy Con Ed requirements and thus at times monthly meetings may be cancelled. The Training Officer may schedule make-up classes during the year mainly for part-time personnel who cannot attend Con Ed due to other employment commitments.

   Specialty classes such as CPR, ACLS and / or PALS will occur the third Monday of each calendar month beginning at 9 AM. Con Ed will be held at Davie County EMS Station 1 unless circumstances dictate another venue.

   Every reasonable effort will be made by the Training Officer to facilitate the Continuing Education Requirements. However, the ***individual provider bears the main responsibility*** in compliance with these requirements listed.

2. **Continuing Education Requirements:**
   Each provider is responsible for attaining 24 hours per year of Con Ed to run congruent with the individual provider's credentialing year cycle. Each EMD provider is responsible for attaining 24 hours per year of Con Ed.

   Full time employees:
   Must attain 75% (18) of your required hours within the Davie County Con Ed system.

   Part time employees working only in the Davie County EMS System:
   Must attain 75% (18) of your required hours within the Davie County Con Ed system.

   ALS providers must work 8 hours each month to maintain medical supervision in the Davie EMS system.

   Part time employees working in another NC EMS System full time:
   Must attain 10% (2.4) of your required hours within the Davie County Con Ed system. Must attend 1 Davie County Con Ed class every 6 months. Must attend any session dedicated to new equipment or arrange special session with Training Officer.

   ALS providers must work 8 hours each quarter to maintain medical supervision in the Davie EMS system.

Part time employees working in other NC EMS Systems part time:
Must attain 40% (9.6) of your required hours within the Davie County Con Ed system. Must attend any session dedicated to new equipment or arrange special session with Training Officer.
ALS providers must work 8 hours each month to maintain medical supervision in the Davie EMS system.

3. **Documentation of Education Requirements:**
The Training Officer will document class or skill work performed within the Davie County Con Ed system. Con Ed work done outside the Davie County Con Ed system must be supported by appropriate documentation from an authorized educational or Con Ed institute. A certificate of completion and hours awarded is required as part of this documentation. This documentation must be given to the Training Officer to maintain the provider's compliance. This should be given to the Training Officer when completed or at least quarterly during the provider's credentialing year cycle.

4. **Video Taping of Con Ed classes:**
Each Con Ed class is video taped where feasible. The provider may view the videotape thus receiving credit for the class content and satisfying attendance requirements. Viewing no more than 3 (three) classes per the provider's credentialing year cycle may be utilized in satisfying Con Ed Requirements.

   Specialty video production by Davie County EMS specifically for training purposes may be used for Con Ed credit. The provider must view the video lecture and answer a post-test in order to receive Con Ed credit.

5. **Penalty for noncompliance with Continuing Education Requirements:**
The Training Officer will compile each provider's Con Ed hours during the calendar year. At about each provider's 9 (nine) month-period the Training Officer will notify the provider of the hours attained, credited where appropriate from an outside source, and include your percentage of hours to that point.

   Providers at the end of each year attaining 83% (20) or greater of your Continuing Education Requirements (24 hours) are considered in good standing.

   Providers at the end of your year attaining 79% (19) or less of your Continuing Education Requirements will have a period of 60 (sixty) days to become compliant.

   Those providers not compliant at the end of 60 (sixty) days will immediately be suspended from all Advanced Life Support (ALS) patient care activity or EMD within the Davie County EMS system. This is considered a Definitive Category 2 offense, as discussed later in this manual but will follow the following differences in penalty:

   If the provider is not compliant within an additional 30 (thirty) days they will be suspended indefinitely from all patient care or EMD activity within the Davie County EMS system.

However, if the provider completes all didactic and skill based Con Ed for the year (24 hours), as well as the period comprising 90 (ninety) days (6 hours), the provider will undergo and complete an oral board review, to remain in good standing,. At the end of this period if Con Ed requirements are maintained, the provider may resume their credentialed level of care.

Each provider remains responsible in full-filling the North Carolina Office of EMS standard of 96 hours total for every 4 (four) year-period of credentialing cycle in order to recredential. Each EMD is responsible for full filling 24 hours of Con Ed annually.

Provider Scope of Practice Examination

Pursuant to NCGS 10A NCAC 13P .0403 (a) 5, 6 and 8 the Medical Director is responsible to ensure the competency of each provider within the Davie County EMS system. One component of this responsibility is the scope of practice evaluation. This will consist of ongoing education and evaluation during the providers credential cycle.

1. Purpose: To ensure the highest standard of medical care delivered by our providers.

2. Procedure: Monthly Protocol Testing:· All ALS providers will complete Treatment Protocol tests monthly. Tests will be administered to individuals by the Training Officer and will be directly developed from the Treatment Protocols, Policies and/or Procedures.

Tests will be scored from 0 – 100. Tests not completed will be scored at 0.
Passing score: 70.

Scores will be averaged at end of every quarter with an average of 70 or higher required.· ALS personnel with an average score less than 70 at end of quarter will function at the EMT-Basic level until the end of the next quarter-if they have increased their quarterly average test score to greater than 70.

ALS personnel are responsible for completing monthly protocol testing. If a test is missed it is the responsibility of the individual to arrange testing with the Training Officer. Medical or Administrative leave will excuse the provider from testing temporarily, but must be completed within the next quarter after returning to duty.

3. **Part-time Personnel:** All part-time ALS personnel are required to complete protocol testing. This must be completed by the end of each quarter, as an example the provider can complete all testing at one sitting.

4. **Oral Board Exam:** Must be completed by all ALS providers in the last 12 months of their credential cycle and will consist of standardized questions graded by 2 or more

evaluators. Only items taken directly from treatment protocols, policies or procedures are graded. Each provider has 2 attempts to pass the examination.

First exam sitting must be completed at least 30 days prior to certification expiration date.

EMT-Paramedic:
Time limit of 90 minutes.
Patient treatment scenario.
RSI exam.
Random questions.

EMT-Intermediate:
Time limit of 60 minutes.
Patient treatment scenario.
Random questions.

5. **Scope of Practice Practicum:**
1 Hands-on scenario with patient simulation involving a medical or traumatic incident.
Must be completed within the last 12 months of the providers credential cycle.

MEDICAL INCIDENT REVIEW PROCESS

The Medical Incident Review Process is designed to create a standard review algorithm that is consistent and appropriate for every incident in question. The following components of the process include:

1. A standard algorithm for data retrieval, documentation, review and outcome measures for each category of incident.
2. A standard nomenclature that defines and characterizes the severity of an incident on initial presentation and final review.
3. An Incident and Peer Review Committee with defined roles and responsibilities for each member.
4. An outcome and remediation process.
5. An appeal process for conflict resolution.

Process of Review

1. **Initial Notification of the Incident:**
   Personnel receiving information from the source shall notify the Shift Supervisor and when available the Field Operations Officer and / or Training Officer and / or 911 Communications Director if indicated. Either may seek additional information from any source and the decision is then made for further formal processing of the incident.

2. **Processing of the Incident:**
   Incidents can range from minor to severe. Whereas minor issues may be addressed by a simple phone call for purposes of clarification, critical issues may require additional data input, documentation and in-depth discussion. Inquiries may be received through a multitude of sources including the Shift Supervisor, 911 Communications, Training Officer, Field Operations Officer, EMS Director or Medical Director. Regardless of person receiving the inquiry this information should then be forwarded to the Shift Supervisor and Field Operations Officer or 911 Communications Director who are responsible for quality assurance parameters.

3. **Category Assignment:**
   Consensus will be reached, including the Medical Director (Category 2, 3, and 4), to assign the appropriate Presumptive Category. The following outline describes the 5 categories. Examples and time frame for formal review are included.

   Presumptive Category 0
   No substandard care. No identifiable patient injury.
   Barring unforeseen or unanticipated delays, the review process will take place within 14 business days from initial report or discovery.
   Committee members will include EMS Director and / or Field Operations Officer and / or Training Officer and / or Shift Supervisor as well as Medical Director and / or 911 Communications Director at the discretion of the aforementioned members.

Presumptive Category 1

Minor substandard care with no or benign consequences for the patient requiring no specific treatment or intervention.

Example: Walking patient to unit where inappropriate. Failure to bring required equipment to the patient. Failure to dispatch appropriate resources. Failure to provide 10 minute on-scene time prompt.

Barring unforeseen or unanticipated delays, the review process will take place within 14 business days from initial report or discovery.
Committee members will include Field Operations Officer and Training Officer and / or Shift Supervisor as well as Medical Director and / or 911 Communications Director at the discretion of the aforementioned members.

Presumptive Category 2

Moderate substandard care where potential adverse patient outcome exists but did not occur or the likely condition was unchanged by the personnel's actions. No hospitalization or invasive therapy required (excepting routine vein-puncture).

Example: Not bringing ECG monitor to STEMI patient. Inappropriate medication administration. Incorrect medication dose or inappropriate route of medication administration. Utilizing inappropriate protocol for patient condition. Performing medical acts or procedures not within the scope of practice for the individuals credential level. Prolonged scene times with STEMI, CVA and Trauma related incidents. Failure to dispatch medical unit within 270 seconds on emergency responses. Failure to provide appropriate Pre-arrival Instructions indicated by protocol.

Barring unforeseen or unanticipated delays, the review process will take place within 7 business days from initial report or discovery.
Committee members will include Medical Director, Field Operations Officer and Training Officer. May include EMS Director and / or 911 Communications Director.

Presumptive Category 3

Moderate to serious substandard care with temporary impairment in patient condition. Moderate to aggressive medical intervention required to treat or reverse the condition. May involve hospitalization or invasive corrective therapy. No permanent irreversible patient disability attributable.

Example: Failure to recognize an esophageal intubation in a patient where survival is not probable. Inappropriate medication administration resulting in anaphylaxis. Performing medical acts or procedures not within the scope of practice for the individuals credential level. Failure to provide pre-arrival instructions to where indicated by protocol. Failure to dispatch an emergency call within 270 seconds.

Barring unforeseen or unanticipated delays, the review process will take place within 5 business days from initial report or discovery.
Committee members will include Medical Director, EMS Director, Field Operations Officer, Training Officer and Shift Supervisor. May include 911 Communications Director as indicated.

Presumptive Category 4

Serious or fatal substandard care with permanent patient impairment. Irreversible injury or serious impairment resulting from substandard care. Personnel's actions or failure to act is not consistent with standard prehospital care and likely contributed to the adverse patient outcome, which involves loss of limb or permanently impaired bodily function or death.

Example: Failure to recognize a potential life threat that results in a non-transport and patient decompensates. Failure to recognize a potential life threat, which results in patient decompensation within 24 hours and where transport is not initiated. Prolonged scene time in trauma patient who requires immediate and definitive in-hospital care. Failure to recognize an esophageal intubation in a patient where survival is probable. Failure to recognize and treat a lethal arrhythmia resulting in death. Administering medications not approved by EMS system. Failure to provide Pre-Arrival instructions to a caller where respiratory or cardiac arrest is found. Failure to dispatch an emergency call within 270 seconds.

Barring unforeseen or unanticipated delays, the review process will take place within 3 business days from initial report or discovery.

Committee members will include Medical Director, EMS Director, Field Operations Officer, Training Officer and Shift Supervisor. May include 911 Communications Director as indicated.

Presumptive Category level 3 will result in immediate suspension of ALS privileges immediately pending investigation. Presumptive Category 4 will result in immediate suspension of all patient care activity, including EMD, pending further investigation.

MEDICAL INCIDENT REVIEW COMMITTEE

Committee representatives will be predicated on the presumptive category assigned to the incident and may include the Medical Director, EMS Director, Field Operations Officer, Shift Supervisor, Training Officer, 911 Communications Director and Supervisor and / or 911 Communications Quality Assurance Officer.

The Medical Director or designee will lead incident Review Committee meetings involving clinical issues.

The Field Operations Officer or Training Officer is responsible for setting up and coordinating the time and location for all committee meetings.

The Medical Director, in consultation with the Field Operations Officer and / or Training Officer and / or 911 Communications Director will determine committee representation for each incident reviewed.

All Presumptive Category 2, 3, and 4 incidents will require a formal Incident Review Committee meeting. Those incidents categorized as 0 and 1 may only require consultation between committee members without convening a formal committee meeting although a formal review may be conducted at any time.

All providers involved will have the opportunity to describe and discuss their recollections of the incident and any rationale for their performance. Committee members will have the opportunity to ask any relevant questions to assist them in determining the appropriateness of the provider's actions.

- When a written summary is requested of a provider it must be completed and returned to the medical director within 96 hours via email or in person. If no written explanation of the incident is sent to the Medical Director by that deadline, the Medical Director may base decision upon such information that is available to him/her as of that deadline.

Once all information is presented the committee will discuss the case in closed-door session. A consensus decision will be made with reference to the outcome and recommendations. Each incident will be assigned a Definitive Category as described below along with disciplinary measures and remediation. The committee may exercise one or more of the following options notifying the provider in most cases immediately but no later than 72 hours:

- a. No action taken / matter resolved
- b. Remediation training
- c. Warning
- d. Require to precept at the approved level again
- e. Temporary suspension of all practice privileges or suspension of specific practice privileges
- f. Permanent Suspension of practice privileges and referral to the NCOEMS disciplinary committee

Definitive Category 0

No substandard care. No identifiable patient injury. Personnel's actions or failure to act is consistent with standard pre-hospital care.
No further action.

Definitive Category 1

Minor substandard care with no or benign consequences for the patient requiring no specific treatment or intervention. Personnel's actions or failure to act is not consistent with standard pre-hospital care but no effect is noted on patient outcome.
Three (3) or more definitive category 1 offenses in 12-month period will cause provider to ride with preceptor or equivalent designee for 3 months. Provider will be able to practice at their credentialed level of care only with a preceptor and remediation will be outlined. Oral exam at end of 6 months. Letter to file.

Definitive Category 2

Moderate substandard care where potential adverse patient outcome exists but did not occur. Or the likely condition was unchanged by the personnel's actions. No hospitalization or invasive therapy required (excepting routine vein-puncture). Personnel's actions or failure to act is not consistent with standard pre-hospital care but no effect is noted on patient outcome with the exception of incidents where a refusal of transport occurs.
Provider will ride with preceptor or equivalent designee for 90 days and continue ALS practice ONLY with preceptor. Oral exam at end of 6 months. Letter to file. Three (3) category 2 events in 18-month period will terminate ALS credentials in Davie County system indefinitely. Two (2) category 2 events in a 12-month period will prompt report to NCOEMS Regional Specialist. EMD will undergo remediation with 911 Communications Quality Assurance Officer and may include supervised shifts and / or review of calls requiring Pre-Arrival Instructions for a period of 90 days.

When addressing consequences of Definitive Category 2 events every effort will be made to return the provider to present ALS credential level. There may be a variety of remediation steps the provider is expected to complete and this will be commensurate with the severity of the offense and will be agreed upon unanimously by the Medical Incident Review Committee.

Definitive Category 3

Serious substandard care with temporary patient impairment in patient condition. Aggressive medical intervention required to treat or reverse the condition. May involve hospitalization or invasive corrective therapy. Personnel's actions or failure to act is not consistent with standard pre-hospital care and likely contributed to an adverse patient outcome but no permanent irreversible patient disability is attributable.
Immediate suspension from all patient care activity in Davie County system. May return to patient care at the EMT or EMT-I level at discretion of Incident Review Committee. Will practice at EMT or EMT-I level for 6 months and will undergo oral exam at end of 6 months. Will undergo oral exam at 12 months. If satisfactorily completes may return to full ALS credential status for additional 3 month period with preceptor. EMD personnel involved will meet with Medical Director, 911 Communications Director and Quality Assurance Officer and review incident recordings. Letter to file. Report to NCOEMS Regional Specialist.

When addressing consequences of Definitive Category 3 events every effort will be made to return the provider to present ALS credential level. There may be a variety of remediation steps the provider is expected to complete and this will be commensurate with the severity of the offense and will be agreed upon unanimously by the Medical Incident Review Committee.

Definitive Category 4

Serious or fatal substandard care with permanent patient impairment. Irreversible injury or serious impairment resulting from substandard care. Personnel's actions or failure to act is not consistent with standard pre-hospital care and likely contributed to the adverse patient outcome, which involves loss of limb or permanently impaired bodily function or death.

Immediate suspension of all patient cares activities in the Davie County system indefinitely. Immediate suspension of all EMD activity in the Davie County system. EMD personnel involved will meet with Medical Director, 911 Communications Director and Quality Assurance Officer and review incident recordings. Letter to file. Immediate report to NCOEMS Disciplinary Committee.

Obviously all incidents must be investigated individually and while categorization of the incident and disciplinary actions are predefined, the Incident Review Committee may make recommendations not specifically defined. This may include educational process, tutoring by the Training Officer or Preceptor (or equivalent designee,) committee or clinical activity participation or other special project.

Recommendations may also include time frame for completion, penalties or consequences for noncompliance. The EMS Director and County Manager will make all final decisions, which include operational or employment issues and may consult with the Medical Director.

The Incident Review Committee will be responsible for providing incident review results, decisions and remediation requirements to personnel. Notification will be made within 72 hours (3 business days) from the incident review committee formal meeting.

All incident reviews will be thoroughly documented. The Field Operations will be responsible for ensuring that all documents are placed in a secured file maintained by our Peer Review / Quality Assurance Committee. Further records will be included in the personnel's file consistent with Davie County Government Policy concerning Human Resource matters.

MEDICAL INCIDENT REVIEW APPEAL PROCESS

In the event personnel do not agree with the findings of the Medical Incident Review Committee they may submit their concerns in writing to the Field Operations Officer within 5 business days. In the event a decision is made after consultation among committee members (such as a Category 0 or 1 offense) then a formal Medical Incident Review Committee meeting will convene. If the appeal arises after a formal Medical Incident Review Committee decision is made (category 2 - 5) then a Medical Review Committee shall be convened. This process is outlined below and pertains mainly to personnel where their credentials for practice are suspended.

In the event the Medical Director temporarily suspends an EMS provider's privileges, the individual will have the opportunity to appeal the suspension within the Davie County EMS System by the following guidelines.

Upon notification of the suspension by the Medical Director, the provider will have five (5) business days to file an appeal. The appeal must be in writing to the EMS Director, Assistant EMS Director and the Medical Director.

After receipt of the appeal, the EMS Director will notify the Medical Review Committee of the appeal. The Committee will set an appeal date, which should be no greater than seven (7) business days, baring any unforeseen circumstances, after the receipt of the appeal letter.

MEDICAL REVIEW COMMITTEE

Medical Review Committee shall serve as a subcommittee of the EMS Peer Review Committee, and function in accordance with N.C.G.S 131E-95 and section .3101 of the NC Administrative Code.

Purpose: For review and disposition of matters related to EMS personnel, to include didactic practical skills, in the effort to maintain performance improvement of the EMS system and its delivery of service from both new and existing staff**.**

The Medical Review Committee shall consist of:

- Chief Medical Officer, Davie County Hospital(s)
- President or appointed designee, Davie County Hospital
- Vice-President of Nursing (or equivalent), Davie County Hospital
- EMS Shift Supervisor (Selected by Chief Medical Officer)
- EMS Paramedic (Selected by Vice-President (or equivalent) of Nursing)

1. Once the Committee is in session, the suspended provider will have a maximum of 30 minutes to present their case to the Committee. This presentation can include documentation, witnesses, etc. After 30 minutes or at the conclusion of the presentation, whichever comes first, the Committee may ask questions of the provider?
2. After the suspended provider has discussed the case, the Medical Director will have a maximum of 30 minutes to present their case to the Committee. This presentation can include documentation, witnesses, etc. After 30 minutes or at the conclusion of the presentation, whichever comes first, the Committee may ask questions of the Medical Director?
3. After the Committee has heard both sides of the case, the committee will convene in closed session to discuss the presentations involving the case.
4. After discussion of the case, the Committee will discuss and vote on one of the following options:
    - Overturn the penalty of the EMS Personnel.
    - Accept the Medical Director's penalty as indicated.
    - Accept the Medical Director's penalty but consider a lesser penalty.
    - Accept the Medical Director's penalty but consider a greater penalty.

5. After a simple majority vote by the Committee, the board will reconvene in open session and the President of Medical Staff will present the decision. The Committees' decision is **FINAL** within the Davie County EMS System.
6. The next business day following the appeal hearing, the suspended provider, the Medical Director and the EMS Director will be mailed (by Certified Mail), the Committees' decision
7. Upon receipt of the decision, the EMS Director will place the letter in the suspended providers personnel file and take actions as dictated by the board's actions.

PEER REVIEW COMMITTEE

The name of this committee shall be the Davie County Emergency Medical Services Peer Review Committee.

The activities, duties and responsibilities of this committee are set forth legislatively through House Bills 452 and 453 promulgated as Section 2600 of the NC Administrators Code, under the authority of the North Carolina Medical Care Commission.

1. The EMS Peer Review Committee shall serve as the Oversight and Review Committee for the county's EMS system as well as the county's Emergency Medical Dispatch Program.
2. The Committee performs Medical Review of EMS system data for the purpose of evaluating patient care; evaluating proficiency of staff, call taking and processing, effectiveness of Policy Protocol and Procedure as well as medical direction within the county's EMS system.
3. The Committee utilizes information attained through review of system data including Paramedic Program, and the Emergency Medical Dispatch Program for evaluation and assessment as to the needs and effectiveness of the educational programs for staff and the system's policy and or protocol as it relates to patient care.
4. This Committee shall make recommendations they deem appropriate for the purpose of improving both the service and service delivery within all system areas. Evaluate, review and make recommendations as to how EMS is integrated and operates within the overall healthcare system within the community.
5. The Committee is not intended to function in a disciplinary capacity, all matters as it relates to personnel skills and proficiency, such as didactic skills will be handled through a special committee of the Medical Incident Review Committee.

MEMBERSHIP:

Membership of the Peer Review Committee shall represent individuals that embrace and works toward fulfilling the purpose and objectives of the Peer Review Committee. Minutes will be maintained of the committee meetings throughout the approval period for Davie County Emergency Medical Services.

1. The membership shall consist of one voting representative from each of the following system components:
    - System Medical Director
    - Emergency Services Director
    - Field Operations Officer

- Training Officer
- Davie County EMD Representative(s)
- EMS and EMD Shift Supervisor*
- Davie County Fire / Rescue Association Representative*
- Nursing Representative Wake Forest Baptist Medical Center Emergency Department
- Nursing Representative Forsyth Medical Center Emergency Department
- Davie County Hospital Nursing or Emergency Department Representative*
- Davie County EMS Paramedic Representative (each shift represented)*

** Denotes a one-year term.*

Invited guests: Non-voting

RACE Coordinators and Stroke Coordinators from Forsyth Medical Center and Wake Forest Baptist Health

AirCare Aeromedical / Critical Care Service

EMS Out-reach coordinator from Forsyth Medical Center (voting if ED representative)

2. Members shall be encouraged to attend all meetings of the committee or subcommittee on which they serve.
3. Members shall be encouraged to take an active role in all activities of the committee and assist in developing and supporting the activities of the agenda and goals. Active participation is defined as work that promotes and facilitates fulfilling the goals and objectives of the Peer Review Committee, including, but not limited to, serving on standing or special committees, donating time, etc. and supporting the efforts of the work group. The committee will review and collect data for quality improvements in patient care and education of crewmembers.
4. Committee members shall attend all meetings as evidence of support and membership.
5. Committee members shall serve staggered terms with one-half serving for a one-year term and one-half for a two-year term, requiring reappointment of one-half of the committee on an annual basis.
6. Removal of a Committee member shall be by affirmative vote not less than two-thirds of the voting members. Any member to be removed shall be given a two week written notice of any meeting in which the removal is to be voted upon and shall entitle to appear before and be heard by the committee members.
7. Absence by a committee member from three consecutive committee meetings shall constitute eligibility for dismissal from the committee.
8. Members shall remove themselves from the Peer Review Committee when they can no longer commit to actively supporting its mission, or due to nonattendance of the meetings.
9. Vacancies shall be filled by an affirmation vote not less than two-thirds of the voting members.

MEETINGS:

1. Committee shall meet at a minimum on a quarterly basis. Such meetings will be designated at the first meeting as to the meeting dates, times and meeting place and each year thereafter. Each member shall be notified of the meetings in advance.
2. Special Meetings: The Chairperson shall call such special meetings as may deem necessary to carry out the duties of the Committee. Upon written request of at least 3 members, the Chairperson shall call a meeting within 10 working days.

3. Quorum: A quorum shall consist of fifty one percent (51%) of the active committee members. A quorum shall be required to transact business.
4. Agenda: Any member may request the Chairperson to place an item on the agenda. If the Chairperson should decline to do so, said member might have such item placed on the agenda by submitting it in writing to the Chairperson with supporting signatures of at least three (3) members.
5. Rules of Order: Robert's Rules of Order, Newly Revised Edition, shall govern the deliberations of all meetings of the Committee and its subcommittees.
6. Notice of Meetings: Notice of the time, date, place, and agenda items for consideration of each meeting shall be given in writing to all members at least 2 weeks prior to each meeting by the Secretary. Any matters not appearing on the agenda may be considered upon a favorable vote of the majority of the members present. Notice of Special Meetings and agenda items shall be given to all Committee members in writing or by phone at least (7) seven days in advance of any special meeting.
7. In the event to investigate a matter more thoroughly, the Chairperson may at any time appoint a subcommittee. This subcommittee will investigate and report back to the full committee of their findings.

VOTING:

1. One vote: Each committee member including the Chairperson shall be entitled to one vote.
2. Proxy votes: No member shall be entitled to vote by Proxy.
3. Abstentions: Members may register their abstention on any vote, which shall be recorded in the minutes; members are encouraged to abstain on matters, which would pose for them a conflict of interest.
4. Determination of Actions: All final actions, Committee positions, or policy recommendations shall require the favorable vote of a majority of those committee members present which represents a quorum at a duly called meeting.

OFFICERS:

1. The officers shall consist of the
   Following:
   a. Chairperson (System Medical Director)
   b. Vice-Chairperson (EMS Director)
   c. Secretary (Field Operations Officer)
2. The vice-chairperson and secretary shall be set as outlined from the membership of the Peer Review Committee.
3. The Chairperson shall be the System Medical Director of Davie County EMS.
4. The Chairperson shall preside at all meetings of the Committee. The Chairperson or his designee shall prepare the agenda for all meetings; maintain confidentiality of the medical records and personnel issues that are discussed. He will also be Facilitator for all discussions.
5. The Vice-Chairperson shall, in the event of the absence; disability, resignation, removal or death of the Chair possesses all duties as the Chair.
6. The Secretary shall keep minutes of the meetings of the Committee, listing of all members and the officers, maintain listing of attendance at meetings, and shall see that all notices and

agendas are duly given in accordance with provisions of these bylaws. The Secretary shall be custodian of all records and perform other duties as prescribed by the committee.

7. The Committee shall, at the first scheduled meeting of all members, shall elect officers.
8. Officers terms are indefinite.
9. Officers shall remove themselves from their position if they can no longer actively fulfill the duties and responsibilities of the office.

GENERAL PROVISIONS:

1. The Committee shall keep a copy of these bylaws, resolutions approved by the Committee and the membership, minutes of the meetings of the committee, current names, addresses, emails, and other contact information pertaining to each member, and other records and materials deemed pertinent by the Committee in order to achieve the purposes of the Quality Management Committee.
2. The official business and reporting period of the Peer Review Committee shall be Fiscal Year - July 1 to June 30. Quarter 1: July, August and September. Quarter 2: October, November and December. Quarter 3: January, February and March and Quarter 4: April, May and June. Meetings will occur quarterly.
3. Confidentiality of all medical records, audits, reviews of records and personnel issues, including reviews of suspension of paramedics by the Medical Director will be maintained at all times. All committee members will follow the Davie County EMS policy on confidentiality.
4. Issuance of Reports or Recommendations: No reports and recommendations shall be released in the name of the Committee unless it has been duly adopted by a favorable vote of a majority of the members of the Committee.
5. Recommendations: The Committee may address matters of recommendations to be endorsed by the Committee in regular scheduled meetings, both recommendations for improvement of the local EMS system and or recommendation on administration oversight and Legislative matters shall be forwarded to the County Manager and the Board of Commissioners for review

AMENDMENTS:

1. The bylaws may be amended by a simple majority vote of the members of the Peer Review Committee at any regular or special meeting thereof. The committee shall have the authority to amend the bylaws and operate under these changes until the members of the committee rectify these changes at any scheduled meeting. Any amendment, alteration, change or deletion from the bylaws shall be consistent with the rules and regulations of the NCOEMS that limit or regulate the powers of the Peer Review Committee. Each year the bylaws will be reviewed and changes will be implemented at that time, if no other amendments are made throughout the year.

PERFORMANCE IMPROVEMENT QUERY TOPICS AND SCHEDULES
EMS

Review of data elements will follow the North Carolina College of Emergency Physicians Standards for the Selection and Performance of EMS Performance Improvement. Each query topic listed will have the associated NCCEP Topic category identified in parentheses.

Mandatory query items to be reviewed each quarter include:

Advanced Airway Usage / Rapid Sequence Intubation
Pediatric Incident Responses Age 12 and Younger (Trauma and Medical)
Cardiopulmonary Arrest
STEMI Care
CVA Care
Trauma Care requiring Level I trauma center destination

Mandatory Administrative items to be reviewed each quarter include:

Internal Service Delivery, Personnel or Patient Care Complaints
External Service Delivery, Personnel or Patient Care Complaints
Patient Care Equipment / Patient Care Device Failures
Vehicle Failures
Vehicle Crashes

Mandatory Personnel Performance items to be reviewed each quarter include:

General PCR Documentation
Protocol Documentation
Vital Sign Documentation
Skills Performed
Skill Proficiency
Protocol Compliance
Controlled Substance Counts
Skill Complications
System Triage and Destination Plan Compliance

High Risk Patient Categories to be reviewed each quarter include:

Frequent EMS Users (> 4 / month)
Repeat Patient Utilization of EMS within 48 hours
Deaths during EMS care
Restraint Use during EMS care
Refusal of Care
Physician on Scene
Mutli-Causality Incident
Mass Gatherings
Police Custody of Patients transport by EMS

Tactical EMS Events
Wilderness EMS Rescue Events

Mandatory Categories to be reviewed during the Second (2d) quarter:
(April, May and June)

Cancellation by First Responders
Obstetrical Deliveries
Frequency of ED Off Load Delays
Toolkit Resources
Cardioversion

Mandatory Categories to be reviewed during the Third (3d) quarter:
(July, August and September)

No Protocol Documented
No Patient Category Documented
Medication Complications
Pain Control
GCS < 9
Abnormal Vital Signs

Mandatory Categories to be reviewed during the Fourth (4th) quarter:
(October, November and December)

Patient Contact Numbers (Crew)
Patient Contact Numbers (Primary Caregiver)
PCR's Completed
Individual Education / CME

PERFORMANCE IMPROVEMENT QUERY TOPICS AND SCHEDULES
EMD

Emergency Medical Dispatch items to be reviewed each quarter include:

1. Dispatch of all medical emergency calls for EMS unit dispatched ≤ 90 seconds (goal 90 %.)
2. 30 % of all calls with chest pain as assigned protocol.
3. 100 % all Choking, OB, Pregnancy, Unconscious and CPR (all require pre-arrival instructions.)
4. Medical Director will review 911 recordings of all incidents involving cardiopulmonary resuscitation.

10 % of all EMS calls dispatched monthly:

Dispatch Center Time
Turn Out Time
Response Time to Scene
Response Time to Patient
Scene Time

Transport Time
Back in Service Time
Dispatch Center Delays
Response Time Delays
Scene Time Delays
Transport Time Delays
Turn Around Time Delays
First Responder Response Time
First Responder On Scene Percentage
Multi-Causality Incidents (Appropriate Resources Dispatched)

Emergency Medical Dispatch items to be reviewed during First (1st) quarter:
(January, February and March)

EMD Protocols 1, 2, 4 – 8, 20
EMD Protocol Compliance

Emergency Medical Dispatch items to be reviewed during Second (2d) quarter:
(April, May and June)

EMD Protocols 3, 11 – 19, 20
EMD Protocol Compliance

Emergency Medical Dispatch items to be reviewed during Third (3d) quarter:
(July, August and September)

EMD Protocols 3, 14, 15, 20 - 26
EMD Protocol Compliance

Emergency Medical Dispatch items to be reviewed during Fourth (4th) quarter:
(October, November and December)

EMD Individual Dispatch Times
EMD Protocols 8, 20, 27 – 36
EMD Protocol Compliance

RAPID SEQUENCE INTUBATION PROGRAM

Davie County EMS has elected to provide Rapid Sequence Intubation (RSI). This is a life-saving procedure but also has the potential to induce great harm. In respect to the potential danger of the procedure special education and maintenance of that education is warranted. While all EMT-Paramedics in the Davie County EMS system will be trained in Rapid Sequence Intubation, certain EMT-Paramedics will be identified as RSI Medics.

Qualifications of an RSI Medic for credentialing:
Applies to all EMT-Paramedics employed after January 1st, 2013.

1. Must be full-time in the Davie County EMS system. (Part-time EMT-Paramedic will be assessed on a case-by-case basis).
2. Must have ≥ 3 years of experience at the EMT-Paramedic level.
3. Must have completed a "Difficult Airway Course" in the previous 36 months. *Course approval at the discretion of the Medical Director.*
4. Once credentialed must complete a "Difficult Airway Course" every 60 months. *Course approval at the discretion of the Medical Director.*
5. Must maintain 100 % completion rate on NCOEMS Airway form when indicated.
6. Must attend Davie County EMS annual update / education session on RSI.
7. Must maintain Con Ed hours and remain up-to-date within a 30-day period.

EMT-Paramedic participating in RSI procedure:

All EMT-Paramedics will be trained in RSI and all are expected to perform RSI. Two EMT-Paramedics must be on-scene in order to complete the procedure. At least 1 of the EMT-Paramedics must be an RSI Medic designated by the Medical Director.

An off-duty EMT-Paramedic may participate in this procedure but must notify 911 Communications during event they are now in-service and record on their time record.

Peer Review of RSI procedure:

Medical Director will be notified within 24 hours of an RSI procedure including weekends, but preferably the same duty shift unless after 2300. EMT-Paramedic performing should make the report. An immediate review of chart and NCOEMS Airway form will occur. All RSI procedures (limit 12) will be reviewed at annual RSI update / educational session. Protocol compliance will be strictly maintained.

Special note on Ketamine:

Ketamine will be utilized under the following circumstances:

1. Primarily if Etomidate is not available or if the patient has a contraindication or an allergy to Etomidate.
2. Can be considered as the primary induction / sedative agent in asthmatic patients who are experiencing respiratory failure.
3. Can be considered as the primary induction / sedative in a hypotensive trauma patient who requires intubation.
4. May be used for sedation after an airway is established with BIAD / ETT.

Policy on RSI at Davie County Emergency Department Facilities:

Where Davie County EMS responds to an in-county facility for transfer of a patient to a higher level of care and the patient is found to require immediate airway control via Rapid Sequence Intubation the following will occur:

1. May use Rapid Sequence Intubation while in the facility but must use pharmaceuticals from EMS stock only. Complete adherence to Rapid Sequence Induction protocol is required as in the usual fashion. **Facility providers CANNOT use EMS pharmaceuticals but may assist EMS personnel in completion of procedure.**
2. Two EMT-Paramedics must be on-scene and one must be an RSI Medic.
3. This should be a RARE event. However in the event the need arises completing the procedure in the facility conditions is preferable to moving to the EMS Unit just for the sake of RSI.
4. **Immediately following completion of this incident the crew involved should contact the Medical Director.**

Davie COUNTY EMERGENCY SERVICES
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Darrell.nelson2011@gmail.com

Medical Incident Review Process

Incident Number: _____

Date of Notification or Discovery: _____

Name of person receiving notification or discovery: _____

Description of Event / Incident:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Presumptive Category Assignment: 0 1 2 3 4

Medical Incident Review Members Notified and Date:

_____
_____

Presumptive Category 0 and 1:
Findings of Committee Members:

_____
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Remediation Recommendations:

_____
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Presumptive Category 2:
Date of Medical Director Notification: _____
Findings of Committee Members:

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_____

Presumptive Category 3 or 4:

Date of Medical Director Notification: _____
Date of Personnel Notification and Removal from Patient Care Duties:

_____
Findings of Committee Members:

Remaining Document for Additional Comments:

R. Darrell Nelson, MD, FACEP
Medical Director
Davie County Emergency Medical Services

End of Document