

## Policy and Procedures

*Title:* CQI Program

*Date issued / last revision:* December 5, 2003

*Date effective:* Immediately

# CQI Program

*Statement:*

Cooperstown Medical Transport, Inc. (CMT) is committed to providing a high quality of care. This is to be done through a strong Training and CQI program.

*Purpose:*

This policy is to provide an outline of the procedures to be used for the review of Pre-Hospital Care Reports (PCR).

*Scope:*

This policy applies to the Director of Training, the CQI Administrator, and CQI peer review committee participants.

*Policy:*

1. The CQI Administrator will review PCRs on a regular basis. PCRs will be pulled and forwarded to the CQI Peer Review Committee for review. The following guideline will be used to pull a PCR.
  - a. All refusals of further care or transport.
  - b. All patients with a 'CUPS' status of 'C' or 'U'.
  - c. PCRs written by a new employee or an employee that recently increased level of provider (for a defined period of time).
  - d. Any PCR with potential protocol violation.
  - e. Any PCR at random
  - f. Any PCR with a unique situation.
  - g. Any PCR where a complaint was received.
  - h. Any PCR with a high standard of care and/or a high quality of documentation.
  - i. All PCRs for patients meeting any active study criteria.
  - j. Any PCR where a request for review has been made by either one of the crewmembers listed on the PCR.
  - k. Any PCR where management, supervisory staff, administrative staff, the providers on the call or the Medical Director makes a request for a review.
2. To protect the confidentiality of patients all PCRs sent for CQI/QA/QI reviews will have the patient's name and address, as well as birth date and Social Security number removed.
3. The CQI Peer Review Committee (core) members will be appointed at the discretion of the CQI Administrator with approval by the Operations meeting members. One member of the CQI peer review committee will be designated as the chairman.
4. The CQI Peer Review Committee will be composed of at least the following:
  - a. Two providers at the AEMT-CC or AEMT-P level
  - b. Two providers at the AEMT-I or EMT-D level

5. The composition of the CQI Peer Review Committee (core) members will be reviewed at least every 6 months.
6. The CQI Peer Review Committee will, as needed:
  - a. Review pulled PCRs
  - b. Complete studies or other assigned duties
7. All employees will be welcome to attend and actively participate at all CQI peer review committee meetings.
8. The peer reviewing a PCR will be anonymous to the providers on that reviewed PCR.
9. A peer cannot review a PCR when they were actively part of that call.
10. Any question, concerns, or comments that arise concerning a PCR during review will be noted on the review form.
11. The CQI Administrator, or designee, will complete a questionnaire form with any appropriate questions, concerns, or comments.
12. The questionnaire form will be sent to the provider in charge for a response.
13. The provider in charge will respond to questions, concerns, or comments truthfully, as accurate as possible, and to the best of their abilities.
  - a. The questionnaire will be returned to the CQI Administrator or the Director of Training.
14. Upon return of the questionnaire, at least the CQI Administrator or the Director of Training and one other peer will review the responses.
12. After review of the returned questionnaire:
  - a. They will be filed in the provider's CQI file.
  - b. If necessary, remediation modules will be assigned by the CQI Administrator and/or the Director of Training.
15. If questionnaires are not returned in a reasonable amount of time, the provider may be subject to disciplinary action.
16. A report outlining the findings of the Peer Review Committee will be provided for review by the Medical Director, Director of Operations and Director of Training. This report should include recommendations for training and improvement in patient care issues as well as positive findings.