SECTION 1. Purpose:
To establish and define the process utilized by the Montgomery County Fire and Rescue Service (MCFRS) to evaluate system performance associated with its Emergency Medical and Integrated Healthcare Services (EMIHS), to enhance the quality of patient care and customer service provided by its personnel, and to correct any anomalies or deviation from the current standard of care.

SECTION 2. Applicability:
This policy applies to all MCFRS and Montgomery County Government personnel who are affiliated with the MCFRS EMS Operational Program.

SECTION 3. Background:
This policy meets the mandate set forth by The Code of Maryland Regulations (COMAR) 30.03.04.02 Quality Assurance Plan.

SECTION 4. Definitions:

a. **Assistant Quality Assurance Officer (AQAO):** Individual(s) designated by MCFRS with the concurrence of the Medical Director who is directed by the Quality Assurance Officer to manage individual QA Inquiries. AQAOs may be appointed from the following:
   1. MCFRS operational personnel
   2. Local Fire and Rescue Department (LFRD) personnel assigned to oversee QA activities within the specific LFRD
   3. Emergency Medical Dispatch (EMD) Quality Improvement Unit personnel

b. **Code of Maryland Regulations (COMAR):** The official compilation of all administrative regulations issued by agencies of the State of Maryland. COMAR Title 30 regulates
emergency medical services and establishes the Maryland Institute for Emergency Medical Services Systems (MIEMSS) as the lead agency in the State.

c. **Emergency Medical and Integrated Healthcare Services (EMIHS) Section:** The organizational body which manages and oversees the administration of Emergency Medical Services (EMS) and integrated healthcare initiatives delivered by MCFRS personnel.

d. **EMIHS Leadership Council (ELC):** A subgroup of the MRC which, in the preliminary stages of a QA Inquiry, can convene and make interim recommendations and notifications. The ELC shall consist of the following:
   1. EMIHS Section Assistant Chief
   2. EMIHS Section Battalion Chief
   3. QAO
   4. QIO
   5. Medical Director
   6. AQAOs, as needed

e. **Health Insurance Portability and Accountability Act of 1996 (HIPAA):** The Federal law that requires data privacy and security provisions for safeguarding medical information.

f. **Maryland Confidentiality of Medical Records Act (MCMRA):** Maryland law which governs the disclosure of confidential individual healthcare information.

g. **Maryland Institute for Emergency Medical Services Systems (MIEMSS):** The State agency that oversees and coordinates all components of the statewide system in accordance with Maryland statute and regulation.

h. **Maryland Public Information Act (MPIA):** Maryland law which grants broad-right access to public records while protecting legitimate governmental interests and the privacy rights of individual citizens.

i. **Medical Director:** An MCFRS-appointed physician who provides medical oversight for pre-hospital emergency medical care and emergency medical dispatch in compliance with COMAR Title 30.03.03.03.

j. **Medical Review Committee (MRC):** The MCFRS committee serving as an advisory body to the Medical Director in the oversight of the Quality Management Plan in compliance with COMAR 30.03.04.03. The MRC shall be composed of the following individuals:
   1. QAO (Committee Chair)
   2. **Medical Director** (non-voting member)
   3. EMIHS Section Assistant Chief
   4. EMIHS Section Battalion Chief
5. **QIO**

6. One (1) Advanced Life Support (ALS) Educator – MCFRS Public Safety Training Academy (PSTA)

7. One (1) Basic Life Support (BLS) Educator – MCFRS PSTA

8. One (1) International Association of Fire Fighters (IAFF) Bargaining Unit ALS Clinician/Peer

9. One (1) IAFF Bargaining Unit BLS Clinician/Peer

10. One (1) MCFRS Certified Chief Officer (CCO)/Peer

11. One (1) Montgomery County Volunteer Fire Rescue Association (MCVFRA) Bargaining Unit ALS Clinician/Peer

12. One (1) MCVFRA Bargaining Unit BLS Clinician/Peer

13. One (1) MCVFRA Bargaining Unit CCO/Peer

14. **AQAOs (as needed)**

k. **MIEMSS Incident Report**: A MIEMSS Patient Care Quality Assurance Incident Report used to document Quality Assurance Inquiries. These forms are maintained by MIEMSS and are referenced in the Maryland Protocols.

l. **Process Owner**: Individual(s) designated by MCFRS with the concurrence of the Medical Director who is directed by the Quality Improvement Officer to oversee various aspects of the Quality Improvement Process.

m. **Prohibited Conduct**: Individual conduct that is prohibited by COMAR 30.02.04.01.

n. **Quality Assurance (QA)**: An organized method of auditing and evaluating individual patient contacts and experiences provided within an **EMSOP** to ensure that the applicable standards of care are upheld.

o. **Quality Assurance (QA) Concern**: Any issue, incident, anomaly or event that could require a response by the **QAO**. Concerns may be but are not limited to: incidents discovered through random audit, praise and thank you correspondence, complaints, self-reporting, hospital follow-up, and system monitoring.

p. **Quality Assurance (QA) Database**: An electronic repository of data and electronic documents pertaining to **QA Inquiries**.

q. **Quality Assurance (QA) Inquiry**: The sub-process of the Quality Management Plan consisting of the organizational response to a **QA Concern**.

s. **Quality Assurance Officer (QAO)**: The individual designated by MCFRS with the concurrence of the Medical Director who executes all **QA** functions of the department. The **QAO** must be credentialed as an ALS clinician in Montgomery County and meet all...
qualifications for the “Operational Program Quality Assurance Officer” as outlined in COMAR 30.03.04 Quality Assurance.

t. **Quality Improvement (QI):** A systematic, continuous, data-based approach to the measurement and analysis of system-wide performance, the implementation of interventions designed to improve that performance, and continued measurement to determine the success of these interventions.

u. **Quality Improvement Officer (QIO):** The individual designated by MCFRS with the concurrence of the Medical Director who is responsible for focusing on system wide process improvements that benefit patients. The QIO must be credentialed as an ALS clinician in Montgomery County and meet all qualifications for the “Operational Program Quality Assurance Officer” as outlined in COMAR 30.03.04 Quality Assurance.

SECTION 5. Policy:

a. This Quality Management Plan is administered by the Medical Director.

b. The EMIHS Section will strive to implement all aspects of this plan in a patient-centered context.

c. All appointments to the MRC are subject to the endorsement of the Medical Director.

d. The QAO, AQAO or another EMIHS staff member may reach out to MCFRS clinicians to ask clarifying questions which could not be answered by reading the patient care report. When these questions are answered, clinicians may be provided with feedback which will sometimes include remediation. This process is neither punitive nor disciplinary; it is essential for organizational growth, strength, and integrity.

e. The QAO shall have, as needed, one or more AQAOs to support the requirements set forth in this plan. All AQAOs report directly to the QAO on matters pertaining to QA.

f. The QIO shall focus efforts at the system level using data and performance over time to recommend and implement improvement interventions.

g. The QIO shall have, as needed, one or more Process Owners to support the requirements set forth in this Plan. All Process Owners report directly to the QIO on matters pertaining to QI.

h. MRC members shall serve at the pleasure of the appointing authority. The Medical Director may request the replacement of an appointed MRC member for cause, in writing, to the appointing authority. Personnel who are members of the MRC by virtue of their MCFRS staff assignment will have terms linked with their assignment.

i. The MRC will meet quarterly, as needed, at a time and place to be determined by the QAO, or at the call of the QAO. Other personnel with business before the MRC may attend the meetings as invited guests. Invitations are at the sole discretion of the QAO.
j. The MRC is established as a committee of MIEMSS and therefore is entitled to the confidentiality and immunity provisions of the MCMRA, the MPIA, and HIPAA. This includes all proceedings, records, and files of the MRC.

k. All members of the MRC, including invited guests, must maintain the confidentiality of all proceedings, and as such will be required to sign a confidentiality agreement.

l. The QA Database is the repository of documents for all QA Inquiries, regardless of nature. All paper documents will be converted to electronic medium and stored in the database. Once completed, each record will be archived for at least 5 years.

SECTION 6. Responsibility:

a. All MCFRS and Montgomery County Government personnel affiliated with the MCFRS Operational Program are responsible for following this policy.

b. The Medical Director is:
   1. responsible for administering the Quality Management Plan
   2. responsible for approving any remediation plan that arises from a QA Inquiry

c. The QAO shall:
   1. facilitate the work of the MRC including requesting membership appointments, meeting scheduling, preparation, and presentation of cases
   2. be the central collection point for QA Concerns and manage the QA Inquiry Procedures listed under Section 7.c.
   3. ensure records and documents of all QA Inquiries are properly authored and stored in the QA Database
   4. enact all recommendations for remediation in individual cases that are approved by the Medical Director
   5. comply with all reporting requirements set forth by MIEMSS and MCFRS regarding QA Inquiries

d. The QIO shall:
   1. develop key performance indicators which measure the effectiveness and quality of processes delivered by the MCFRS
   2. regularly review, evaluate, measure, and publish contemporaneous measurements of key performance indicators
   3. fulfill reporting requirements of aggregate performance metrics to external stakeholders such as MIEMSS and COUNTYSTAT
   4. recommend and implement QI interventions aimed at improving systemwide performance
e. The MRC shall:
   1. review findings of Complex QA Inquiries
   2. suggest applicable remediations and dispositions of cases to the Medical Director
f. The IAFF Local 1664 President will appoint one (1) each IAFF Bargaining Unit ALS and BLS clinician to the MRC.
g. The MCVFRA President will appoint one (1) each MCVFRA Bargaining unit ALS, BLS and CCO to the MRC.
h. The MCFRS Fire Chief will appoint one MCFRS CCO to the MRC.
i. The EMIHS Section Assistant Chief will forward any Prohibited Conduct cases investigated by the Division of Human Resources to MIEMSS.
j. The ELC will provide immediate counsel to the Medical Director in the early stages of a QA Inquiry. This counsel can include but is not limited to recommendations regarding classification of Simple vs. Complex inquiries, an imminent need to temporarily modify a clinician’s credentials and the need to cross-refer a QA Concern to the Division of Human Resources.

SECTION 7. Procedure:

a. Quality Improvement:
   1. Requests for performance measurement may come from internal and external sources.
   2. The QIO will use existing data sources to the extent possible to answer questions that arise about the EMS system.
   3. The QIO will answer questions regarding system performance or aggregate measures in the appropriate context.
      A. Performance metrics will usually be displayed over time.
      B. Performance metrics will be displayed with the appropriate analytical and statistical tools to differentiate between common and special cause variation.
   4. The QIO will provide external stakeholders with aggregate data on demand, unless automatic delivery of periodic updates has been arranged.

b. Customer Satisfaction Assessment
   1. The QIO will collect data on customer satisfaction from our patients via a survey.
   2. Data from these surveys will be aggregated and analyzed to develop a system-wide assessment of customer satisfaction.
   3. Positive feedback will be periodically sanitized of identifying patient information, edited for negative or extraneous content, and translated as necessary. The feedback will then be
4. **QA Concerns** arising from this process will be routed to the QAO.
5. Other concerns arising from this process will be routed to the EMIHS Section Battalion Chief for further disposition.

c. **Quality Assurance:**

1. Upon receipt or knowledge of a QA Concern, the QAO or EMIHS Section Battalion Chief will determine the need for a QA Inquiry.
2. Any implications discovered during a QA Inquiry which have a nexus to prohibited conduct as defined by COMAR Title 30.02.04, Code of Conduct issues under Executive Regulation 22-00AM Code of Ethics, and the MCFRS Code of Conduct policy will be forwarded to MIEMSS and the MCFRS Human Resources Division as deemed appropriate by the QAO, EMIHS Section Battalion Chief and EMIHS Section Assistant Chief.
3. Once initiated, a QA Inquiry will be determined to be “Complex” or “Simple”. A QA Inquiry cannot be deemed Simple if it involves any of the following:
   A. prohibited conduct as defined by COMAR 30.02.04
   B. a potential danger to the public
   C. circumstances that caused significant worsening of patient’s condition or death
4. During a Simple QA Inquiry, the QAO, or designee, will interview clinicians and witnesses and provide education and remediation as necessary.
5. A Complex QA Inquiry process may include any combination of the following steps:
   A. Acknowledgment of the QA Concern to the reporting party
   B. Initial fact finding and investigation
   C. Notifications as described under Section 7.c.7
   D. Briefing of the Medical Director with the ELC, including consideration for temporary modification of the clinician’s credentials described under Section 7.c.9
   E. Completion of the MIEMSS Incident Report
   F. Notification of the Maryland State Medical Director
   G. Gathering of documents described under Section 7.c.8
   H. MRC Review described under Section 7.c.10
   I. Case closure described under Section 7.c.11
6. All QA Inquires will be recorded in the QA Database.
7. All Complex QA Inquires require the following internal notifications:
A. Detailed notification including the nature and origin of the inquiry will be sent to the clinician and the assigned EMS Duty Officer.

B. Basic notification including the clinician’s name will be sent to the chain of command including the station officer, assigned Battalion Chief, and the assigned Duty Operations Chief, Section Chief, or Volunteer Fire Chief.

8. As applicable to QA Inquiries, the following documents may be collected:
   A. MCFRS Records Management System files
   B. On-line medical direction recordings
   C. Computer-Aided Dispatch (CAD) records
   D. Applicable Maryland Medical Protocols
   E. Applicable Maryland and Montgomery County laws and regulations
   F. Hospital medical records and reported patient outcome
   G. Applicable training records for each clinician involved
   H. Clinician and witness statements

9. As a result of initial fact finding in a Complex QA Inquiry, the Medical Director may immediately and temporarily modify a clinician's MCFRS emergency medical credentials.
   A. The clinician, the chain of command including the Fire Chief, MIEMSS, and the State Medical Director must be notified immediately.
   B. The clinician will have an opportunity to respond in writing to the QA Inquiry or by meeting with the QAO.

10. MRC Review
    A. The MRC will review relevant facts and circumstances, determine the root cause, and suggest applicable remediations and dispositions of all Complex QA Inquiries.
    B. Remedial actions may include but are not limited to additional training, counseling or study assignments.
    C. The MRC may also recommend other actions such as medical probation, temporary modification of credentials, permanent modification of credentials, and permanent revocation of credentials.
    D. The Medical Director shall have final authority to approve any recommendation of the MRC.

11. Closure
    A. All Complex cases will be closed with a disposition. Disposition options include: Sustained, Not Sustained, and Unfounded.
B. The QAO, or designee, will enact all remedial actions resulting from a QA Inquiry.

C. All QA Inquiries handled by an AQAO must be forwarded to the QAO for disposition. Closure of a QA Inquiry (Simple or Complex) is at the discretion of the QAO in concert with the EMIHS Section Battalion Chief.

D. If applicable, the QAO will contact the source party of the QA Concern to advise them that the QA Inquiry has been completed and that actions have been taken to improve the System.

E. The QAO will notify the clinician’s chain of command via email (to the level that was originally notified) that the QA Inquiry has been completed. This notification will include the disposition and any required remediation.

F. If applicable, the QAO will file a MIEMSS Incident Report recommending closure or further action by the State EMS Board.

SECTION 8. Cancellation:
This is an update to Policy and Procedure 21-04 EMS Quality Management Plan, dated July 13, 2018.

SECTION 9. Attachments:
None

Approved:

Scott E. Goldstein
Fire Chief

August 9, 2021