

Davidson County Emergency Medical Service



Performance Improvement Manual

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Purpose

The purpose of Davidson County Emergency Medical Services is to ensure the delivery of high quality, safe, and appropriate medical care to all citizens and visitors within Davidson 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 ALS/BLS providers and first responders.

In general, our first standard for Performance Improvement begins with each Davidson County EMS provider 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 Field Training Officers, Shift Supervisors, Training Coordinator, or EMS Operations Manager.

Second, our EMS Review Technician reviews call reports daily for quality, completeness, and protocol compliance. The EMS Operations Manager may also assist in this review. This immediate review serves to identify problems unrecognized by the crew.

Third, the Shift Supervisors, EMS Operations Manager, Field Training Officers, Training Coordinator, or 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 Davidson County's EMS system.

Continuing Education

Continuing Education (CE) is the foundation for delivery of quality medical care. CE is designed to help deliver new information, refresh knowledge, and improve patient care overall. This will be accomplished by a thorough QA/QI process that will help identify areas of potential weakness and/or infrequently encountered topics and skills. To this end, CE at DCEMS will be TOPICAL in nature and not driven by an hourly or monthly limit. As topics and areas are identified by the Medical Director, or Operational Staff, they will be added to the CE system for completion.

All topics will be identified with a required completion date, generally allowing 30 days for completion. However, there may be critical topics that require a shorter completion date due to the nature of the issue. Any employee who fails to complete any topic by the required due date will be subject to disciplinary action as outlined in the Medical Incident Review Process discussed later in this document.

Every reasonable effort will be made by the Educational Coordinator to facilitate the release of a training calendar providing advance notice of the identified CE topics and schedules. However, the Educational Coordinator and/or Medical Director has the ability to add to, remove, or otherwise alter the CE schedule as necessary to provide the highest quality CE program possible for DCEMS.

Continuing Education Requirements

All NCOEMS credentialed DCES employees shall maintain and keep up to date with required CE hours and topics through the DCES CE program along with annual required training.

Participation in the online DCES CE program is required for DCEMS employees. This may be completed while on-duty. Topics are normally available for an entire month to allow sufficient time for completion.

DCES CE is delivered in a hybrid format. Topics and education are provided online along with periodic hands-on skills evaluations.

Occasional mandatory in classroom training may be held for equipment, protocol or procedure updates, or specialized training.

DCES will maintain training records of in-house training that is provided and will re-credential DCEMS employees that meet the NCOEMS and DCES requirements for re-credentialing.

Personnel that become delinquent in CE or fail to meet mandatory training requirements shall be subject to disciplinary action.

Skill Evaluations

Simulated Environment

At a minimum, each provider will be required to complete a Technical Scope of Practice Evaluation (TSOPE) on a biennial (every other year) basis. The EMS Operations Manager, Training Coordinator, and/or Medical Director may choose to require TSOPEs on a more frequent basis as they see fit.

Skill evaluations will be completed by an FTO. When a skill component has been identified as necessary, the EMS Operations Manager and/or Training Coordinator will develop a comprehensive assessment, approved by the Medical Director, and designed to evaluate the providers' skill competency. Providers will be required to satisfactorily complete each skill assessment. The FTOs will be required to complete the assessment with exemplary performance prior to assessing other providers.

Any personnel scoring less than the required minimum or otherwise having an "unsatisfactory" performance will have his/her performance reviewed by the EMS Operational Manager and Medical Director for determination of a Remediation Action Plan (RAP).

Direct Observation

All personnel will have their affective and psychomotor skills evaluated by Direct Observation at a minimum of biennial (every other year) or more frequent intervals as determined by the Medical Director, Shift Supervisor, and/or Operations Manager.

Direct Observation evaluations will be performed under the supervision of the Training Coordinator, EMS Operations Manager, Medical Director, or an FTO while the provider is actually performing patient care and interacting with the public.

Oral Boards

Oral Boards will be administered at the discretion Medical Director and/or on the recommendation of the Field Training Officers, Shift Supervisors, Training Coordinator or Operations Manager.

Documentation of Education Requirements:

The Training Coordinator and/or EMS Operations Manager will maintain documentation of employee completion for each CE Topic, skill review, TSOPE, or skill work performed within the Davidson County CE system.

On-Site CE (Voluntary):

At times, guest speakers may be brought in to deliver lectures and/or skill demonstrations in a traditional classroom setting. Unless otherwise advertised and noted, attendance at these sessions will be **voluntary**, as the required session will be delivered through DCEMS' online delivery method.

All employees in attendance must sign the attendance roster presented by the Training Coordinator and/or EMS Operations Manager to receive credit for attendance. Attendance will be noted in DCEMS' Online CE as confirmation of attendance and to allow the employee the ability to determine if he/she has completed the requirement for that topic.

Attendance at any on-site CE will meet the requirement for that particular topic; therefore these employees will not have to complete specific online portions of this topic. However, it does not exempt the employee from any online assignment, assessment, interactivity, etc. that the Medical Director, Training Coordinator, or EMS Operations Manager has clearly identified as mandatory for all employees.

Penalty for Noncompliance with Continuing Education Requirements:

The Training Coordinator and/or EMS Operations Manager will compile each provider's CE completion during the calendar year. This information will be available in the DCEMS Online CE System for the provider to review. Failure to complete any topic by the required due date will result in the following:

1st incident: Email notification

2nd incident: Email notification with cc to Shift Supervisor

3rd incident: Email notification with cc to Shift Supervisor, Medical Director, & letter to file

Once a provider has been notified that he/she is delinquent, he/she will be given a reasonable deadline to complete any delinquencies. If the provider does not meet the requirements by the assigned deadline, he/she will be referred to the EMS Peer Review Committee and assigned a "Presumptive Category 1".

Providers consistently delinquent in CE completion may be subject to escalated disciplinary procedures as seen fit by the Training Coordinator and/or EMS Operations Manager and/or Medical Director.

These actions are actions taken by the Peer Review Committee, this does not preclude actions taken by Davidson County Emergency Services Administration for GOG and County Policy violations.

Remediation

The Training Coordinator and/or EMS Operations Manager along with the Medical Director will form a customized Remediation Action Plan (RAP) for any employee who has been identified as weak in any particular area. This includes but is not limited to areas identified by QA/QI, Direct Observation, TSOPE, or other skill assessments.

Upon completion of the remediation plan the employee will be reevaluated for improvement by the Training Coordinator and/or EMS Operations Manager, Medical Director, or their designee. If unsatisfactory progress/improvement is identified, the Medical Director and Training Coordinator and/or EMS Operations Manager may decide upon further remediation or necessary corrective action. Additionally, after thorough review the Medical Director may choose to:

- Revoke the Provider's EMS credential in the Davidson County EMS system
- Reduce the Provider's EMS credential in the Davidson County EMS system
- Refer the provider to the EMS Peer Review Committee as a "Presumptive Level 2"
- Additional recommendations as he/she deems necessary

Limited Practice Provider

An employee may have his/her provider status placed on limited practice by the Medical Director at any point he/she deems necessary or at the advice of the EMS Peer Review Committee during the Medical Incident Review Process.

New employees will automatically be placed on limited practice unless deemed unnecessary and is thoroughly documented by the Training Coordinator and/or EMS Operations Manager and approved by the Medical Director.

All limited practice providers will have a limited practice release plan identified and agreed upon by the Training Coordinator and/or EMS Operations Manager and Medical Director. This plan will outline the objectives necessary for the provider to meet prior to being released from limited practice. These objectives may include, but are not limited to, items such as:

- Ride Time
- Skill Completion
- Remediation Completion
- TSOPE Completion
- FTO Recommendation
- Oral Board

Limited Practice Provider Rules

EMT

Limited practice EMT providers may only function with an FTO. If an FTO is not available, the EMT shall not be allowed to function within the DCEMS System.

Intermediate & Paramedic

Limited practice Intermediates and Paramedics may only function at their provider level in the presence of an FTO. In the event staffing issues require the Limited Practice Provider to ride with anyone other than an FTO, the **partner MUST be a Paramedic** and the **Limited Practice Provider may only function as an EMT**.

Removal from Limited Practice

Once the provider on limited practice has completed his/her limited practice release plan, all documentation will be forwarded to the Training Coordinator and/or EMS Operations Manager. All documentation will be reviewed and forwarded to the Medical Director for review. The Provider will have his/her limited practice status removed upon notification by either the Medical director or Training Coordinator and/or EMS Operations Manager.

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

Initial Notification of the Incident:

An incident can be identified by one of several different methods including, but not limited to:

- Phone calls
- In person
- e-mail
- Written concern
- QA/QI review

Personnel who receive information regarding a possible performance issue should direct the source to the Shift Supervisor, Training Coordinator, or EMS Operations Manager. Either may seek additional information from the source and will document the issue using the “Conflict/Complaint Resolution” form found on page 7-3 and 7-4 of the GOG.

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 Supervisors, 911 Communications, Field Training Officers, Training Coordinator, EMS Operations Manager, or Medical Director. Regardless of person receiving the inquiry this information should then be forwarded to the Training Coordinator and/or EMS Operations Manager to assure quality assurance parameters. The Training Coordinator and/or EMS Operations Manager will review the incident to determine if the issue is Operations or Training and consult the Medical Director to begin the investigative process.

Category Assignment:

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

Presumptive Category 0

No substandard care
No identifiable patient injury
Determined to be an operational specific issue

Time Frame

Review will be completed and submitted to appropriate Shift Supervisor for follow-up as he/she sees fit.

Presumptive Category 1

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

Examples:

- *Walking patient to unit where inappropriate.*
- *Failure to bring required equipment to the patient.*
- *Not providing or attempting to provide appropriate level of care.*
- *Medication errors that don't have the potential to result in harm*
- *Non-compliance with Continuing Education*

Time Frame

Barring unforeseen or unanticipated delays, the review process will take place at the next scheduled EMS Peer Review Committee meeting.

Presumptive Category 2

Moderate substandard care where the potential for adverse patient outcome exists but did not occur, or the likely condition was unchanged by the personnel's actions.

Examples:

- *Not bringing ECG monitor to STEMI patient*
- *Inappropriate medicine administration with potential for harm*
- *Incorrect medication dose or inappropriate route of medication administration with potential for harm*

- *Utilizing inappropriate protocol for patient condition*
- *Prolonged scene times with STEMI, CVA and/or Trauma related incident*
- *Protocol deviation without orders*

Time Frame

Barring unforeseen or unanticipated delays, the review process will take place at the next scheduled EMS Peer Review Committee meeting.

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

Examples:

- *Failure to recognize an esophageal intubation in a patient where survival is not probable*
- *Inappropriate medication administration resulting in patient detriment*
- *Performing medical acts or procedures not within the scope of practice for the individual's credential level*

Time Frame

Barring unforeseen or unanticipated delays, the review process will take place within five (5) business days from the initial report or discovery.

A Presumptive Category 3 will result in the immediate revocation of ALS privileges pending the completion of the investigation.

Presumptive Category 4

Serious or fatal substandard care with permanent patient impairment

Irreversible injury or serious impairment resulting from substandard care

Personnel's action or failure to act is not consistent with standard prehospital care and likely contributed to the adverse patient outcome, which involves loss of limb, permanently impaired bodily function, or death

Examples:

- *Failure to recognize an obvious life threat that results in a non-transport and patient decompensates without supporting evidence of the provider exhausting all efforts in convincing the patient to allow transport.*
- *Unnecessarily 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.*
- *Administering a lethal dose (outside approved dosing regimen) of any medication*

Time Frame

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

A Presumptive Category 4 will result in the immediate revocation of all patient care activity pending further investigation.

The Review

All Presumptive Category 2, 3, and 4 incidents will require a formal EMS Peer 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.

Once all of the 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.

Definitive Category 0

No substandard care.

No identifiable patient injury.

Personnel's action or failure to act is consistent with standard pre-hospital care.

Action:

- 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 action or failure to act is not consistent with standard pre-hospital care, but no effect is noted on patient outcome.

Action:

- Three (3) or more definitive category 1 offenses in a 12-month period will cause the provider to be placed on limited practice for three (3) months
- Oral exam at the end of six (6) months
- Letter to file

Definitive Category 2

Moderate substandard care where the potential for adverse patient outcome exists but did not occur, or the likely condition was unchanged by the personnel's actions.

Personnel's action or failure to act is not consistent with standard pre-hospital care, but no effect is noted on patient outcome.

Action:

- Provider will be placed on limited practice and must function with an FTO for a minimum of 10 shifts (240hrs)
- Provider may function as an EMT if not with an FTO; however, the time does not count toward the required hours.
- Oral exam at the end of the limited practice period at the discretion of the Medical Director
- Letter to file.
- Three (3) Category 2 events in an 18-month period may result in revocation of ALS credentials in the Davidson County system.
- Two (2) Category 2 events in a 12-month period may prompt a report to NCOEMS Regional Specialist.

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. This will be agreed upon unanimously by the EMS Peer Review Committee.

Definitive Category 3

Serious substandard care with temporary impairment in patient condition

Aggressive medical intervention required to treat or reverse the condition

May involve hospitalization or invasive corrective therapy

Personnel's action 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

Action:

- May return to patient care on limited practice at the discretion of the EMS Peer Review Committee
- Will be on limited practice for 60 shifts (1440hrs) and will undergo an oral board at the end of the limited practice period
- Letter to file

- Will prompt a report to NCOEMS Regional Specialist
- Two (2) Category 3 events in a 12-month period will result in the revocation of ALS credentials in the Davidson County system.

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. This will be agreed upon unanimously by the EMS Peer 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 action 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, permanently impaired bodily function, or death

Action:

- May result in immediate revocation of patient care privileges at the discretion of the EMS Peer Review Committee
- May return to patient care on limited practice at discretion of EMS Peer Review Committee
- Will be on limited practice for 60 shifts (1440hrs) and will undergo an oral board at the end of the limited practice period
- Letter to file
- Will prompt a report to NCOEMS Regional Specialist
- Two (2) Category 4 events may result in the revocation of ALS credentials in the Davidson County system.

Summary of Review

All incidents must be investigated individually and while categorization of the incident and disciplinary actions are predefined, the EMS Peer Review Committee may make recommendations not specifically defined. This may include an educational process, tutoring by the Training Coordinator, EMS Operations Manager or FTO (or equivalent designee), committee or clinical activity participation, or other special project.

Recommendations may also include a time frame for completion, penalties, or consequences for noncompliance. The EMS Operations Manager, ES Director, and County Manager will make all final decisions to include operational or employment issues.

The EMS Peer Review Committee will be responsible for providing incident review results, decisions, and remediation requirements to personnel. All necessary notifications will be made within 48 hours (2 business days) from the EMS Peer Review formal meeting.

All incident reviews will be thoroughly documented. The Training Coordinator and/or EMS Operations Manager will be responsible for ensuring that all documents are placed in a secured file

maintained by the EMS Peer Review Committee. Further records will be included in the personnel's file consistent with Davidson County Government Policy concerning Human Resource matters.

These actions are actions taken by the Peer Review Committee, this does not preclude actions taken by Davidson County Emergency Services Administration for GOG and County Policy violations.

Medical Incident Review Appeal Process

In the event a personnel member does not agree with the findings of the EMS Peer Review Committee, he/she may submit concerns in writing to the Training Coordinator and/or EMS Operations Manager 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 EMS Peer Review Committee meeting will convene. If the appeal arises after a formal EMS Peer Review Committee decision is made (category 2 - 5), then an Incident Review Committee shall be convened. This process is outlined below and pertains mainly to personnel where his/her credentials for practice are suspended.

In the event the Medical Director temporarily revokes an EMS provider's privileges, the individual will have the opportunity to appeal the revocation within the Davidson County EMS system by the following guidelines:

Upon notification of the revocation by the Medical Director, the provider will have five (5) business days to file an appeal. The appeal must be in writing to the Training Coordinator and/or EMS Operations Manager and the Medical Director.

After receipt of the appeal, the Training Coordinator and/or EMS Operations Manager will notify the Incident Review Committee of the appeal. The Committee will set an appeal date, which should be no greater than seven (7) business days barring any unforeseen circumstances, after the receipt of the appeal letter.

Medical Incident Review Appeal Committee

The Incident 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 following positions will be filled by members who are not involved with the EMS Peer Review Committee:

The Incident Review Committee:

- Emergency Services Director
 - A shift EMS Shift Supervisor
 - A shift Paramedic
 - B shift EMS Shift Supervisor
 - B shift Paramedic
 - C shift EMS Shift Supervisor
 - C shift Paramedic
 - D shift EMS Shift Supervisor
 - D shift Paramedic
 - Human Resources Staff Member (Appointed by Human Resources Director)
-
1. Once the Committee is in session, the 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 provider has discussed the case, the Medical Director will have a maximum of 30 minutes to present the 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 Committee Chair will present the decision. The Committees' decision is **FINAL** within the Davidson County EMS System.
6. The next business day following the appeal hearing, the provider, the Medical Director, the Training Coordinator, and the EMS Operations Manager will be notified in writing, the Committees' decision.
7. Upon receipt of the decision, the Training Coordinator and/or the EMS Operations Manager will place the letter in the provider's personnel file and take actions as dictated by the committee's actions.

EMS Peer Review Committee

The name of this committee shall be the Davidson County Emergency Medical Services (DCEMS) 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.

The EMS Peer Review Committee shall serve as the Oversight and Review Committee for the county's EMS system.

The Committee performs Medical Review of EMS system data for the purpose of evaluating patient care; evaluating proficiency of staff, effectiveness of Policy Protocol and Procedure as well as medical direction within the county's EMS system.

The Committee utilizes information attained through review of system data including Paramedic 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.

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.

EMS Peer Review Committee Membership:

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

1. The Medical Director or designee will lead EMS Peer Review meetings involving clinical issues.
2. The Training Coordinator and/or the EMS Operations Manager is responsible for setting up and coordinating the time and location for all committee meetings.

The Davidson County EMS Peer Review Committee shall consist of the following:

Physician/Chairman

EMS System Medical Director (V)

Davidson County EMS

EMS Operations Manager (V)
EMS Training Coordinator (V)
EMS Review Technician (V)
A-Shift FTO/SGT/LT* (V)
B-Shift FTO/SGT/LT* (V)
C-Shift FTO/SGT/LT * (V)
D-Shift FTO/SGT/LT * (V)
A-Shift Provider* (V)
B-Shift Provider* (V)
C-Shift Provider* (V)
D-Shift Provider* (V)

Davidson County Emergency Communications

Operations Manager (V)
Training Officer (V)

Davidson County Health Department

Public Health Nurse (V)
Appointed by Health Director

Davidson County Human Resources

Human Resources Staff Member (V)
Appointed by Human Resources Director

(V) – Denotes Voting Members of the Davidson County EMS System Peer Review Committee.

* Denotes a three-year term.

3. Members shall be encouraged to attend all meetings of the committee or subcommittee on which they serve.
4. 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 crew members.
5. Committee members shall attend all meetings as evidence of support and membership.
6. 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.
7. 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 be entitled to appear before and be heard by the committee members.
8. Absence by a committee member from three consecutive committee meetings shall constitute eligibility for dismissal from the committee.
9. Members shall remove themselves from the Peer Review Committee when they can no longer commit to actively supporting its mission, or due to non-attendance of the meetings.
10. Vacancies shall be filled by an affirmation vote not less than two-thirds of the voting members.

EMS Peer Review Committee 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

- a. One vote: Each committee member including the Chairperson shall be entitled to one vote.
- b. Proxy votes: No member shall be entitled to vote by Proxy.
- c. 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.
- d. 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

The officers shall consist of the Following:

- Chairperson (System Medical Director)
- Vice-Chairperson (EMS Operations Manager)
- Secretary (EMS Review Technician)

The vice-chairperson and secretary shall be set as outlined from the membership of the Peer Review Committee. The Chairperson shall be the System Medical Director of Davidson County EMS.

The Chairperson shall preside at all meetings of the Committee. The Chairperson or her designee shall prepare the agenda for all meetings; maintain confidentiality of the medical records and personnel issues that are discussed. She will also be Facilitator for all discussions. The Vice-Chairperson shall, in the event of the absence; disability, resignation, removal or death of the Chair possesses all duties as the Chair.

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.

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:

Calendar Year

- **Quarter 1:** January, February, March
- **Quarter 2:** April, May, June
- **Quarter 3:** July, August, September
- **Quarter 4:** October, November, December

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 Davidson 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 to the Bylaws

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 & Schedules

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.

The EMS Review Technician will review topics as outlined in the following plan. Additional topics and categories may be added to the review list as requested by the EMS Peer Review Committee, Medical Director, the Training Coordinator, or EMS Operations Manager.

Mandatory Query Items:

- 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

Personnel Performance Items to be Reviewed:

- 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
- Deaths during EMS care
- Refusal of Care
- Restraint Use during EMS care
- Tactical EMS Events

The Medical Director must review annually the EMSPRS protocols and clinical protocols, policies, and procedures. The Medical Director can request the assistance of the PEER Review Committee and/or appoint a subcommittee.

Rapid Sequence Intubation Program

Davidson 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 Davidson 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:

1. Must be full-time in the Davidson County EMS system. (Part-time EMT-Paramedics will be assessed on a case-by-case basis).
2. Must have ≥ 1 year of experience at the EMT-Paramedic level.
3. Must maintain 100 % completion rate on NCOEMS Airway form when indicated.
4. Must attend Davidson County EMS annual update/education session on RSI.
5. Must take and pass a comprehensive RSI written test with a score $\geq 80\%$
6. Must complete a skills proficiency assessment

EMT-Paramedic participating in RSI procedure:

Two EMT-Paramedics must be on-scene in order to complete the procedure. At least one (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 the event that they are now in-service and record on their time record.

Peer Review of RSI Procedure:

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



Davidson County Emergency Services

935 North Main St.
Lexington, NC 27292

Office: 336-242-2270 Fax: 336-249-7863



Medical Incident Review Documentation Form

Incident Number _____ Date of Notification _____

Name: _____

Person receiving notification or discovery

Description of Event:

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Presumptive Category Assignment:	0	1	2	3	4
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Peer Review Members Notified	Member:	Date:

Findings of Committee					
Definitive Category Assignment	0	1	2	3	4
Remediation Plan:					