

## DEMCA PSRO

### QA/QI Plan

The PSRO has to develop and maintain a QA/QI program as mandated by Michigan's PA 368 Of 1978. The purpose of DEMCA's QA/QI program is to provide the EMS services the opportunity to retrospectively review the care rendered and to determine if their personnel are providing standard of care to their patients. While the number and variety of calls is extensive, by necessity, the program has to look at a few types of issues for a significant number of runs to determine if crews are providing the minimal standard of care or documentation.

By establishing the standardized template for the QA/QI indicators for the PSRO each service will be allowed the opportunity to evaluate their personnel and develop corrective action if the agency or the individuals does not meet minimum standards as determined by the PSRO.

The intent is to have a sufficient number of indicators as well as calls to evaluate agencies and develop plans to correct deficiencies at a system level. The QA /QI program goals are to look at agency care, not necessarily individual crews. In addition, it is also possible that the results generated performing QA/QI, protocols might be changed to reflect actual field care or issues.

#### Program:

The program will require an agency to evaluate protocol(s) every 4 months. The specific the indicators for review will be chosen by the members of the PSRO subcommittee Protocol evaluation will change based on PSRO reviews, discussions and concerns.

The process is for the PSRO to choose a protocol to be evaluated, create a template for agencies to enter data with specific success targets. It is expected that for each protocol the agency will review 10% of all calls that fit the protocol, e.g., if during the 4 month evaluation period, the agency has 300 calls with chest pain, then 30 calls will be evaluated. If the agency has 500 calls then 50 calls need to be reviewed. If the number of are reviewed calls would be less than 30, the agency must increase the percent it surveys to achieve 30 calls for review. If the agency has less than 30 calls during the review period, all calls must be reviewed for that specific protocol/indicator.

Every 4 months a different protocol will be evaluated, as determined by the PSRO.

The agency must provide a completed worksheet to the PSRO chair within 1 month of the end of the reporting period with all information provided. If the agency does not meet minimum criteria/success rates as specified on the checklist, then the agency must provide its plan to improve its care. All supporting data, e.g., run sheets must be available for review by the PSRO for up to 1 year following submission of their report. Reports can be submitted by email with scanned data sheets or by submitting completed Excel spreadsheets.

## PSRO 2013 Indicators

At this time the following schedule is proposed:

Indicator	Dates of Review	Due Date
Airway	July 1, 2013 – November 1, 2013	December 1, 2013
Medications	November 1 2013-March 1 2014	April 1, 2014
CVA	March 1, 2014-July 1, 2014	August 1, 2014

2014-2015 PSRO Indicators will be decided by the PSRO committee in January 2014, after reviewing the results of the program and feedback from hospitals on potential issues as well as review of any cases forwarded to the PSRO committee. In addition, should the current indicator schedule indicate a significant problem, the particular indicator might be repeated as the committee's request.