

System Protocols

PROFESSIONAL STANDARDS REVIEW ORGANIZATION (PSRO)
STRUCTURE AND OPERATIONAL POLICY Section 8.29

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PSRO Structure and Operational Policy

Mission: The Detroit East Medical Control Authority (DEMCA) Professional Standards Review Organization Subcommittee exists to promote the EMS system, and organize and integrate quality assurance activities to ensure the delivery of consistent, quality emergency patient care for the DEMCA's area.

I. Professional Standards Review Organization

- A. The Professional Standards Review Organization is a review entity that is provided information or data regarding the physical or psychological condition of a person, the necessity, appropriateness, or quality of health care rendered to a person, or the qualifications, competence, or performance of a health care provider. The PSRO is a committee established by the Medical Control Authority for the purpose of improving the quality of medical care.
- B. All Quality Improvement activities shall be considered activities of the PSRO.

II. PSRO Membership:

The Professional Standards Review Organization, in accordance with DEMCA's Bylaws, shall be composed of:

Voting:

- One ED physician from each DEMCA approved facility (excluding facilities already represented by the medical director and deputy medical director)
- One ED Nurse Manager/Director from a DEMCA approved facility
- One ALS Public Provider**
- One ALS Private Provider**
- One BLS/MFR Public Provider**
- One BLS/MFR Private Provider**
- DEMCA deputy medical director (if the deputy medical director has assumed the duties of the medical director, the deputy medical director will not have a vote)

*** Indicates that the member must be from a DEMCA-approved Life Support Agency (LSA) that provides emergency services to a city, township, or village within the DEMCA's area.*

Ex-officio:

- DEMCA staff
- DEMCA Medical Director
- Assistant Medical Director(s)

MCA DEMCA

MCA Board Approval Date:

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All shall be appointed by the Executive Committee, and the chair of the Advisory Body. The Chair of the Professional Standards Review Organization will be nominated by the MCA Corporation Medical Director and appointed by the Executive Committee, from among the Professional Standards Review Organization's members. The PSRO will meet bi-monthly (six times a year), with additional meetings as deemed necessary. Each member will serve a two year term. All members are required to attend at least 75% of the meetings, attendance will be assessed twice a year. Each PSRO member will be required to sign the PSRO confidentiality agreement annually. Subject Matter Experts (SME) can be part of an ad hoc meeting for subject-specific advice to PSRO. SMEs will be required to sign the PSRO Confidentiality Statement. Quorum will consist of 3 physicians and 2 providers.

III. Peer Review Confidentiality:

Information and data collected by or for the PSRO is confidential professional/peer review PSRO information of the DEMCA. It is protected from disclosure pursuant to MCL 333.20919(1)(g), MCL 333.20175, MCL 333.21515, MCL 331.531-331.533 and other State and Federal laws. Unauthorized disclosure or duplication of PSRO information is absolutely prohibited.

IV. EMS Patient Care Records:

- a. The PSRO is authorized to request copies of EMS patient care records (PCRs) within the DEMCA's service area. Copies of PCRs shall be provided to the PSRO as requested and shall be submitted by the LSA no later than the timeframe designated by DEMCA. Additional time may be granted per request of the LSA and such request shall be determined by the DEMCA.
- b. Any individual may request, with justification, that a specific PCR be reviewed by the PSRO. This includes but is not limited to Physicians, Nurses, EMS Providers, and Patients.
- c. All reviews of PCRs will be based on DEMCA protocols that were approved and active on the date of the EMS call for service.

V. Protocol Review:

The PSRO may review proposed and revised protocols as they pertain to quality improvement, patient care, or special circumstances.

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VI. PSRO Responsibilities:

A. Incident review:

To assess, investigate and make recommendations to the Board of Directors and the Medical Director pertaining to issues of concern posed by any person(s) regarding EMS activities in the DEMCA area. Investigations will be processed according to the Incident Investigation Procedure.

B. Audits:

To regularly assess quality assurance processes performed by pre-hospital care personnel/agencies/facilities.

C. QI Studies/Planning:

To develop an annual plan and perform study evaluations for the purpose of EMS system assessment and improvement of processes, protocols, EMS personnel, equipment, medications, etc. that may affect patient outcomes. This may also include research projects that are in DEMCA's area.

D. Life Support Agency data collection.

VII. Reporting:

A. PSRO reports to the Board of Directors and the Medical Director.

B. The following will be reported:

1. Retraining
2. Probation with conditions and reevaluation time frame (will be reported to the Michigan Department of Health and Human Services within one business day)
3. Suspension/removal of Medical Control for personnel/LSA/facility (will be reported to the Michigan Department of Health and Human Services within one business day)

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VIII. PSRO Quality Improvement Recommendations:

A. The PSRO will determine the severity of an incident and develop an action plan to address the matter, if necessary.

B. Incident Review:

The following will may be reviewed for EMS system and LSA compliance:

1. Demographics, times, mileage, etc.
2. Accuracy of patient assessment
3. Appropriateness of treatment
4. Compliance with protocols
5. Competency of procedures
6. Communications
7. Completeness of documentation
8. Any information that may impact patient care

C. Incident Review and Audit Recommendations/Findings:

1. Absolution, complaint unfounded, unsubstantiated or not of consequence
2. Informational/educational reporting without recommendation for action
3. Endorsement of activity
4. Trending
5. Revision of protocols/policies/procedures
6. Corrective action plan by personnel/LSA/facility
7. Education recommendations for the system

D. Referral to Due Process and Disciplinary Procedures

1. Written reprimand to personnel/LSA/facility
2. Remediation of individuals involved
3. Modification of clinical privileges
4. Continued monitoring
5. Individual/LSA probation
6. Removal of Medical Control
7. Other actions as determined by the PSRO and/or EMS Medical Director

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