



Quality Assurance/Quality Improvement Plan Development Tool

(Revised 11/01/2025)

Purpose of the Tool

This document is designed to provide Emergency Medical Services (EMS) agencies with a tool to assist in developing their Quality Assurance/Quality Improvement (QA/QI) Plan. **It is not meant to be a template.** Rather, it offers general suggestions regarding the usual components that are common among QA/QI Plans and may be considered when developing your plan. The overall mission of a robust QA/QI plan and process is to enhance all aspects of patient care provided by the Texas EMS system.

Because no two EMS Providers are the same, no two quality assurance plans should be identical either. Your agency and community deserve a customized approach that fits within the framework and limitations of the service while meeting the minimums of Texas Administrative Code, Title 25, Part 1, Chapter 157, Subsection B, RULE §157.11 Requirements of an EMS Provider License.

Role of the Administrator of Record

It is the system Administrator of Record's (AOR) duty to ensure the viability of the quality assurance plan. The role of the administration is to make the development and implementation of the QA/QI Plan successful. The whole organization, including the Medical Director, should participate in the development and update of the QA/QI Plan.

Role of the Medical Director

It is the EMS Provider's Medical Director's responsibility to be actively involved in the medical audit, review, and critique of the performance of EMS personnel under his or her direct supervision and direct an effective system audit and quality assurance program as addressed in:

- Texas Administrative Code, Title 22, Part 9, Texas Medical Board, Chapter 169-(10-15) Delegation Subchapter C Emergency Medical Services and
- Title 25, Part 1, Chapter 157, Subchapter B Rule 157.11 Requirements for an EMS Provider License (c) (7) (U).

Role of DSHS

As with any questions regarding EMS Compliance, your local DSHS regional office may be used as a technical resource when developing and implementing your EMS systems quality assurance plan. Your local EMS Specialist can assist you with suggestions to be included in your QA process, as well as explain the department's minimum requirements as addressed in RULE §157.11 (n)(2)(A)-(D), which states the following:

(2) developing, implementing, maintaining, and evaluating an effective, ongoing, system-wide, data-driven, interdisciplinary quality assessment and performance improvement program that must be individualized to the provider and include:

(A) the standard of patient care as directed by medical director protocols and medical director input into the provider's policies and standard operating procedures;

(B) a complaint management system;

(C) monitoring the quality of patient care provided by the personnel and taking appropriate and immediate corrective action to ensure quality of care is maintained in accordance with the existing standards of care and the medical director signed, approved protocols; and

(D) an ongoing program that achieves measurable improvement in patient care outcomes and reduction of medical errors;

Your QA/QI plan should be an ongoing, living process that adapts to meet the current needs of your system. You are encouraged to keep your local DSHS representative updated on your progress and ask questions as needed.

The EMS Certification & Licensing Team will verify that your QA/QI Plan is submitted as part of your Initial EMS Provider Application Packet or as part of your EMS Provider Renewal Packet, if changes have occurred with it. The EMS Certification & Licensing Team **is not** checking for compliance with your QA/QI Plan – but only that it gets submitted. For this reason, your local EMS Specialist is the one who reviews your QA/QI Plan in a much more detailed manner as part of the Survey process.

What is a QA/QI Plan?

First, let's define what your Protocols, Policies, and Procedures are. Your Protocols, Policies, and Procedures provide the framework within which your agency operates; they define **WHAT** your organization will do and to an extent how. Your QA/QI

Plan details **HOW** and **WHO** will **ensure** that these requirements are met, documented, and that the results are being used to improve your overall healthcare system.

Your goal for a QA/QI plan should be to identify issues and areas where your organization may improve, as well as correct specific problems, then analyze and track your efforts to determine whether you were successful or further work is needed. Your QA/QI plan is a proactive, ongoing effort.

As your QA/QI Plan is developed, ask the following systemic questions in your organization:

- How will you measure your QA/QI Plan's effectiveness?
- How does the QA/QI Plan cover all aspects of the organization?
- What are your key indicators that you will measure, analyze, and track?
- Are these areas data-driven?
- How does your QA/QI Plan measure areas of opportunity for improvement?
- Ensure loop closure to ensure the finding was addressed and a plan of correction was developed.

Texas Administrative Code 157.11(n) (2) (A)-(D)

The provider responsibility section of T.A.C 157 (n) (2) states assuring the existence of and adherence to a quality assurance plan which shall, at a minimum, include (A) – (D) below.

These are just **some** suggested questions to ask your organization when developing, updating, or revising your QA/QI Plan:

(A) The standard of patient care and the medical director's protocols –

- How often are the protocols reviewed? By whom? How is this documented?
- Who is responsible for communicating protocol changes to staff?
- How are protocol changes communicated to your staff?
- Who provides education and training for any new protocols? How is this documented?
- How are staff credentialed on your protocols? When and how often does this credentialing occur?

(B) Complaint management –

- How do you investigate complaints from the public?
- What about complaints internally from employees?

- How are complaints tracked? By whom?
- Who acknowledges to a complainant that their complaint has been received and is being investigated? How is this done?
- Who "closes the loop" with the person that submitted the complaint and how is this communicated?
- How is this communication back to the complainant documented?

(C) **Monitoring the quality of patient care –**

- How does your agency measure the standard of patient care given by your personnel?
- How is your medical director involved in the review of patient care? How is this documented?
- How many calls are reviewed? Why this many?
- What type of calls are reviewed?
- Levels of harm--A classification system that defines the impact of an event on the patient and assists in defining the urgency of review. There are five levels of harm used to define the impact on the patient:
 - (A) **No harm**--The patient was not symptomatic, or no symptoms were detected, and no treatment or intervention was required.
 - (B) **Mild harm**--The patient was symptomatic, symptoms were mild, loss of function or harm was either minimal or intermediate but short-term, and no interventions or only minimal interventions were needed.
 - (C) **Moderate harm**--The patient was symptomatic, required intervention such as additional operative procedure, therapeutic treatment, or an increased length of stay, required a higher level of care, or may experience long-term loss of function.
 - (D) **Severe harm**--The patient was symptomatic, required life-saving or other major medical or surgical intervention, or may experience shortened life expectancy, and may experience major permanent or long-term loss of function.
 - (E) **Death harm**--The event was a contributing factor in the patient's death.
- Levels of review--Describes the levels of performance improvement review for an event in the designation program's quality improvement or performance improvement patient safety (PIPS) plan. There are four levels of review:
 - (A) **Primary level of review**--Initial investigation of identified events by the agency policy/plan to capture the event details and to validate and document the timeline, contributing factors, and level of harm. The EMS Provider usually addresses system issues with no level of harm, including identifying the opportunities for improvement and an appropriate action plan for the event. This must be completed and documented.

(B) **Secondary level of review**--The level of review by the EMS agency medical director, in which the program personnel prepare the documentation and facts for the review. The agency medical director reviews the documentation and either agrees or corrects the level of harm, defines the opportunities for improvement with action plans, and documentation.

(C) **Tertiary level of review**--The third level of review by the EMS Provider is to evaluate care practices and compliance with approved protocols or guidelines, identify opportunities for improvement, and define a plan of correction (POC). Documentation capturing the event, discussion, and identified opportunities for improvement with action plans.

(D) **Quaternary level of review**--The highest level of review, which may be conducted by an entity outside of the EMS agency as an element of the performance improvement plan. The event, review, and discussion of the event, and identified opportunities for improvement with action plans must be documented.

(D) An ongoing program that achieves measurable improvement –

- Do you keep track of unsuccessfully performed skills, medication errors and/or protocol deviations?
 - How is this documented and tracked?
- How does this affect the ongoing training and/or Continuing Education that you provide?
- How do you track any ongoing education or training provided to staff?
- Do you keep track of the usage of controlled substances by individuals?
- How often do you compare controlled substance usage between staff?
- Is the use of controlled substances compared to the need of the patients as per documentation on patient care record (PCR)?

(E) Implementation of a Whole Blood Program consideration

- Documentation of the need for a whole blood transfusion program for prehospital usage.
- Review regulations, administrative, and logistical requirements on receiving blood products from regional partners.
- Review the logistics, storage, and deployment to sustain a prehospital whole blood program.

- Documentation of prehospital transfusions based on local, regional, state, and national data collection requirements.
- Documentation of follow-up by the EMS Providers QA/QI process to include the Medical Director after each transfusion.
- Develop and update education and ongoing training needs for staff as required by the medical director.