Quality Assurance Plan Development Tool

(Effective 07/01/2015 – Revised 02/12/2018)

Purpose of the Tool

This document is designed to provide EMS agencies with a tool to assist in the development of their Quality Assurance (QA) Plan. **It is not meant to be a template**. Rather it offers general suggestions regarding the usual components that are common among QA Plans and may be considered when developing your own Plan.

Because no two agencies 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 Plan successful. The whole organization, including the Medical Director, should participate in the development of their QA Plan.

Role of the Medical Director

It is the EMS Provider's Medical Director's duty 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, Chapter 197.3 Offline Medical Director.

Role of your Local & Austin DSHS Offices

As with any questions in regards to EMS Compliance, your local DSHS 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 explaining the department's minimum requirements as addressed in RULE §157.11 (n)(2)(A)-(D). Your QA 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 Group in Austin will verify that your QA 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 Group **is not** checking for compliance of your QA Plan – but only that it gets submitted. For this reason, your local EMS Specialist is the one that reviews your QA Plan in a much more detailed manner as part of the Survey process.

What is a QA Plan?

First, let's define what your Policies and Procedures (SOP's, SOG's, etc.) are. Your 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 Plan details **HOW** and **WHO** will **assure** that these requirements are being performed, documented and that the results are being used to improve your overall system.

Your goal for a QA 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 plan is a proactive, ongoing effort.

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

- How will you measure your QA Plan effectiveness?
- How does the QA 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 Plan measure areas of opportunities for improvement?

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 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 field staff?
- How are protocol changes communicated to your field staff?
- Who provides training for any new protocols? How is this documented?
- How are crewmembers 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?

(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 training provided to field staff?
- Do you keep track of the usage of controlled substances by individual?
- How often do you compare controlled substance usage between field staff?
- Is the use of controlled substances compared to the need of the patients as per documentation on PCR?