



# *Performance Improvement Plan*

Lord Fairfax EMS Council, Inc.  
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**LORD FAIRFAX EMERGENCY MEDICAL SERVICES COUNCIL, INC.  
PERFORMANCE IMPROVEMENT PLAN**

## Revision History

Description of Change	Change Effective Date
Original Document	11/2006
Revised	4/2007
Revised	8/2008
Approved by Board of Directors w/revisions	10/2008
Approved by Board of Directors w/no revisions	8/2009
Approved by Board of Directors w/revisions	8/2010
Approved by Board of Directors w/revisions	8/2011
Approved by Board of Directors w/revisions	8/2012
Approved by Board of Directors w/no revisions	8/2013
Approved by Board of Directors w/revisions	8/2015
Approved by Board of Directors w/minor revisions	8/2016
Approved by Board of Directors w/no revisions	8/2017
Approved by Board of Directors w/no revisions	8/2018

The Performance Improvement Committee is comprised of experienced medical personnel within the Lord Fairfax EMS Council whose responsibility shall be to systematically review data of all agencies to improve the quality of patient care. This plan does not provide local EMS agencies the power to supersede the responsibility to comply with “Virginia Emergency Medical Services Regulations” **12 VAC 5-31-600**.

## **Objectives**

1. Review PPCR data on a quarterly basis.
2. Provide results to the local medical director.
3. Provide constructive feedback and training recommendations to the department’s training officer.
4. To monitor adherence to the Regional Pre-Hospital Standard Patient Treatment Protocols.
5. Provide systematic analysis of a medical, trauma, and system topics each quarter.
6. Coordinate with the jurisdictional ALS coordinator(s) and medical director as necessary.

## **Membership**

The Performance Improvement Committee (PI) shall be comprised of an operational medical director, one nurse liaison from each hospital (non-trauma), one member of PHI Air Medical (AirCare), one career EMS member (non-fire based), one fire based EMS member, and one volunteer EMS member.

## **Responsibilities**

1. The PI Committee has the responsibility of assuring that reasonable standards of care and professionalism are met within their respective EMS system. Members are given the following responsibilities:
  - a. Should participate in an ongoing Quality Management Program within their agency which should include ePCR review audits and data collection within their respective EMS agency. This information should be reported to their agency and the PI Committee.
  - b. Maintain strict confidentiality of patient and agency information.
  - c. Provide constructive feedback and training to their agency.
  - d. Provide technical assistance to all agencies.
  - e. Encourage and assist agencies to comply with State EMS Regulations related to quality management.

2. The Chairperson of the PI Committee has the following responsibilities:
  - a. Schedule and conduct all quarterly meetings.
  - b. Coordinate with local OMD on all recommendations for the local EMS agencies.
  - c. Report findings of the PI analysis to Regional Medical Direction Board for review.
  - d. Recommend changes to policies, guidelines, and Regional Pre-Hospital Standard Patient Treatment Protocols to Regional Medical Direction Committee.
  
3. The Performance Improvement Committee chair shall be appointed by the President of the Lord Fairfax EMS Council's Board of Directors.
  
4. The Performance Improvement Committee shall:
  - a. Establish guidelines for the review of data pertaining to the treatment and medical care of patients.
  - b. Develop a yearly PI schedule of topics to include one trauma, medical, and system topic.
  - c. Review data submitted by EMS agencies on a quarterly basis.
  - d. Provide data to the Regional Medical Direction Board.
  - e. Be responsible for recommending all needed training to the Lord Fairfax EMS Council's Regional Field Coordinator.
  - f. Provide data to the Lord Fairfax EMS Council's Board of Directors.
  
5. Committee Confidentiality:

In order to maintain the integrity of the PI Committee and protect patient and provider privacy, each member at all times will maintain strict confidentiality. However, communication with other entities of the system is essential. Specifically, when a problem is identified within the system such as: skills, critical thinking, documentation, equipment, protocol deviation or other general issues; it is the responsibility of this committee to inform the appropriate agency's Medical Director and elicit input for possible solutions. All reasonable efforts will be taken to sanitize records and maintain patient anonymity.

## **PPCR Reviews**

1. All Pre-Hospital Patient Care Reports should be reviewed by the local EMS agency's PI program committee. Each agency shall provide these results to their local Medical Director for reviews on a quarterly basis.
2. The regional template shall be used for all reviews. The worksheets provided are for internal agency use.
3. The committee via the Executive Director or designee shall send out by mail and e-mail the quarterly templates used for each quarter's PI review.
4. All data shall be submitted electronically to the Lord Fairfax EMS Council's EMS Systems Planner by the last day of month following the end of the quarter.
5. An electronic record of personnel actively participating in EMS calls shall be submitted quarterly with the PI data.

## **Medical Incident Review**

1. Each OMD is responsible for reviewing submissions sent to them each month as part of the ongoing improvement process.
2. The OMD shall review submissions, converse with the agency or provider and report any significant issues to the Medical Direction Board and PI Committee for discussion. Patient confidentiality will be adhered to at all times.
3. The PI Committee shall have the responsibility to recommend all needed trainings to the Lord Fairfax EMS Council's Regional Field Coordinator.
4. The OMD may take action that includes suspension of certification to practice in the region, remedial training, or require the provider to take written state exam in lieu of the test waiver.
5. The OMD may report any findings in writing to the Virginia Office of EMS that they feel violates the requirements set forth by the "Virginia Emergency Medical Services Regulations" 12 VAC 5-31.
6. The Medical Direction Board requires all agencies to be compliant with the quarterly Performance Improvement Plan. For agencies that are not compliant, the local Operational Medical Director will not endorse an agency's application for the Rescue Squad Assistance Fund Grant Program.

**Lord Fairfax EMS Council  
Performance Improvement & Trauma Performance  
Improvement Committees  
Memorandum of Understanding**

I, \_\_\_\_\_, do hereby agree to serve as a volunteer on the Lord Fairfax EMS Council Performance Improvement and/or Trauma Performance Improvement Committee. As a volunteer member of this group, I agree to the following:

1. To participate in one half of the scheduled meetings per year.
2. To maintain strict confidentiality regarding any and all committee meetings held and not divulge any information regarding incidents, locations, personnel involved or other aspects of the committee meetings.
3. To maintain a professional attitude.
4. To assist as requested in research related to the program.
5. To read and abide by all requirements set forth within the Performance Improvement and/or Trauma Performance Improvement committee.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## **References**

Virginia Emergency Medical Services Regulations:

**12 VAC 5-31-600:** *“An EMS agency shall have an ongoing Quality Management (QM) Program designed to objectively, systematically and continuously monitor, assess and improve the quality and appropriateness of patient care provided by the agency. The QM Program shall be integrated and include activities related to patient care, communications, and all aspects of transport operations and equipment maintenance pertinent to the agency’s mission. The agency shall maintain a QM report that documents quarterly PPCR reviews, supervised by the operational medical director.”*