

HEMS
SYSTEM PROTOCOL
INTEGRATED AGENCY/SYSTEM QUALITY IMPROVEMENT (QI) PLAN

Initial Date: April 2013, March 2018
Revised Date: 1/21/2026

Section: 8-27(S1)

Integrated Agency/System Quality Improvement (QI) Plan

Purpose

To organize and integrate quality improvement activities within the HEMS Medical Control Authority by developing a comprehensive program which will facilitate the delivery of patient care, which is optimal, within available resources, and consistent with achievable goals.

To establish and document evidence of an ongoing quality improvement program that includes effective mechanisms for reviewing and evaluating patient care and the clinical performance of individuals, provider agencies, and the pre-hospital care system, as well as the appropriateness and response to the findings.

To define a mechanism for interaction between review entities organized at the system (Medical Control Authority's) and provider agency levels.

To support the clinical services of HEMS member hospitals in their efforts to provide quality patient care.

Organization/Responsibility

As the Medical Control Authority (MCA) established by the Department, the HEMS Board of Trustees has overall responsibility for the activities conducted on behalf of the MCA under this policy.

The PSRO Committee will review specific incidents and individual provider agency data. Summary reports will be provided to the HEMS Board of Trustees by the PSRO Chairman (Medical Director). See **Professional Standards Review Organization Structure Protocol** for PSRO membership.

Each EMS provider agency will be responsible for designating the individual or group responsible for carrying out the agency level QI activities and for developing internal policies to ensure that those activities and interaction between the agency and system of bodies are conducted confidentially, consistent with applicable statute.

System Monitors

Items to be addressed by PSRO will be identified by the following mechanisms:

1. EMS run reports
2. Michigan EMS Information System
3. Save Mi Heart Data Reports

MCA Name: HEMS, Inc (WW/DR)
MCA Board Approval Date: 2/12/2026
MCA Implementation Date: 4/1/2026
MDHHS Approval Date: 3/27/2026

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Agency Monitors

At a minimum, each approved EMS provider agency will:

1. Establish an EMS run report review process to identify areas of concern and evaluate steps to be taken to effect improvement.
2. Establish a system of annual competency testing of pre-hospital care providers appropriate to the provider's level of practice.
3. Identify a physician advisor who will serve as a consultant to the agency in developing and implementing their agency level QI program (See Section 14: CQI Physician Designation Form).
4. Identify a training officer/QA liaison who will be responsible, along with the chief/director, for development and implementation of the QI program at the agency level.

Monitoring Indicators – Criteria for Evaluation

Monitoring indicators will be initially developed within six months of implementation of this policy and reviewed after one full year. After that time, they will be developed and reviewed annually. They are based on high-risk, high-volume, and/or problem-prone areas. State or nationally recognized indicators are considered for inclusion in this plan where they are identified. The results of monitoring activities are to be summarized and reported according to the QI calendar. Indicators are of two general types, sentinel events and rate based. Event indicators measured are outcomes, processes, desirable outcomes, and undesirable outcomes. Pre-established criteria are used to evaluate the indicators/monitors for compliance with agency and system policies and procedures.

Collect and Organize Data

Existing sources of potentially useful data are Michigan EMS Information System, EMS run report forms, agency logs, and committee meeting minutes or reports, infection control reports, annual competency testing, and approved protocols. To collect and organize data, the following must be determined for each indicator:

1. The data source
2. The data collection method
3. The appropriateness of sampling
4. The frequency of data collection

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Analyze Data

Data is regularly analyzed as part of the QI activity. Specific opportunities for improvement are identified. Data is compared to pre-establish thresholds. It is analyzed for patterns and trends and compared to results from other systems, when benchmarking data is available, to assist in understanding the process under review and in identifying methods to reduce variation and improve performance. Actions to Solve Identified Problems/Opportunities for Improvement

If the evaluation process identifies a problem or an opportunity for improvement, the agency will decide what corrective action is necessary. The effectiveness of any actions taken are assessed and documented. Continuous process improvement is encouraged. Sources of variation are sought within organizational processes, rather than individuals. Recommended action to improve the quality of the process of pre-hospital patient care and service will be put into effect to eliminate, or appropriately reduce, identified variations. These actions may include, but are not limited to:

1. Orientation
2. Continuing education
3. Preceptorship
4. Information management

Communication

Monitoring and evaluation, including findings, conclusions, recommendations, and evaluation of the effectiveness of actions taken, is communicated to the PSRO by provider agencies on a semi-annual basis. In addition, open and less formal communication occurs between agency managers, ED physicians, ED nurses, and individual pre-hospital crews during the entire QI process.

QI Calendar

A QI calendar, showing scheduled reporting dates and other significant events, will be prepared and distributed annually to affected agencies.

QI Reporting Form (See Section 14: Agency Physician Advisor Approved CQI Indicator Report Form) Annual Evaluation

The program is to be reviewed annually. A summary of the evaluation will be reported to the PSRO and the HEMS Board of Trustees.