



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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Quality Assurance Plan Development Tool

(Effective 07/01/2015)

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 (m)(2)(A)-(G). 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(m) (2) (A)-(G)

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

Below 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 does your agency measure the standard of patient care given by your personnel?
- Do you keep track of unsuccessfully performed skills? How is this documented?
- If so, how does this affect the training and/or CE you provide?
- How is your medical director involved in the review of patient care? How is this documented?
- How often are the protocols reviewed? By whom? How is this documented?
- Who is responsible for communicating protocol changes to field staff?
- Who provides training for any new protocol? How is this documented?
- How are crewmembers credentialed on your protocols initially or re-credentialed when changes to protocol occur or because of identified issues requiring remediation? How is this documented?

(B) Pharmaceutical Storage –

- How are your pharmaceuticals stored? Controlled Substances?
- Who is responsible for overseeing this process? How?

- Do you perform internal/external audits on pharmaceuticals? If so, who is responsible for this process? How is this documented?
- Who is responsible for reporting possible violations in regards to drug diversions to DSHS?
- How do you report to other agencies such as local police, Texas Department of Public Safety? Drug Enforcement Agency?
- How do you assure that pharmaceuticals stored in the ambulance and/or in your department's store room are being stored according to manufacturer recommendations? How is this documented?
- Who is responsible for making sure that these stay in those recommended temperatures settings? How is this documented?

(C) Readiness Inspections –

- How do you assure that the ambulance meets minimum equipment levels?
- Does the EMS crew fill out a truck check or use another method (written or electronic) of assuring that the equipment/supplies are present?
- If so, what happens to the check-off sheets once completed?
- Who verifies the crew is performing these readiness inspections? How?
- How is any of this documentation stored? How does it meet minimum records retention policies?

(D) Preventative Maintenance –

- How does the crew notify someone if the change oil light comes on during the middle of their shift? How does this get documented?
- If the crew notices or has a problem with faulty equipment, who does it get reported to and how? How is this documented?
- How do you assure that repairs and/or preventative maintenance were completed? Who assures this? How does this assurance get documented?

(E) Policies and procedures –

- How do policies and procedures get updated within your department?
- Do the EMS crewmembers have input to any changes? If so, how is this communicated to management?
- If you put a new or revised policy or procedure into place, how does that information get disseminated to your crew? By whom?
- How do you assure new policies and procedures or their revisions are received, read and understood by each EMS crewmember? How is this documented?
- How often are your current policies evaluated? By whom? How are these evaluations documented?

(F) Complaint management –

- How do you investigate complaints from the public? 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? How?
- How is this documented? Do these records fall under your records retention policy?

(G) Patient care reporting and documentation –

- How are patient care reports and other patient documentation stored, whether paper or electronic?
- How does your agency verify that patient care reports are done for each patient and in a timely manner? How is this process documented?
- How does improper/incomplete documentation affect disciplinary actions?
- How does improper/incomplete documentation affect your training and/or C.E. for personnel?