



**MONTGOMERY COUNTY  
FIRE AND RESCUE SERVICE**

21-04AM

**Policy and Procedure**

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**EMS Quality Management Plan**

08/31/2021

Issued by: Fire Chief Scott E. Goldstein

Policy Number: 21-04AM

Authority: Montgomery County Code Section 21-3 (b) and  
COMAR Title 30

Supersedes: Policy and Procedure 21-04 *EMS Quality  
Management Plan*, dated July 13, 2018.

Effective Date: August 31, 2021

**SECTION 1. Purpose:**

To establish and define the process utilized by the Montgomery County Fire and Rescue Service (MCFRS) to evaluate system performance associated with its Emergency Medical and Integrated Healthcare Services (EMIHS), to enhance the quality of patient care and customer service provided by its personnel, and to correct any anomalies or deviation from the current standard of care.

**SECTION 2. Applicability:**

This policy applies to all MCFRS and Montgomery County Government personnel who are affiliated with the MCFRS EMS Operational Program.

**SECTION 3. Background:**

This policy meets the mandate set forth by The Code of Maryland Regulations (COMAR) 30.03.04.02 *Quality Assurance Plan*.

**SECTION 4. Definitions:**

- a. **Assistant Quality Assurance Officer (AQAO)**: Individual(s) designated by MCFRS with the concurrence of the Medical Director who is directed by the Quality Assurance Officer to manage individual QA Inquiries. **AQAOs** may be appointed from the following:
  1. MCFRS operational personnel
  2. Local Fire and Rescue Department (LFRD) personnel assigned to oversee QA activities within the specific LFRD
  3. Emergency Medical Dispatch (EMD) Quality Improvement Unit personnel
- b. **Code of Maryland Regulations (COMAR)**: The official compilation of all administrative regulations issued by agencies of the State of Maryland. COMAR Title 30 regulates



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emergency medical services and establishes the Maryland Institute for Emergency Medical Services Systems (MIEMSS) as the lead agency in the State.

- c. **Emergency Medical and Integrated Healthcare Services (EMIHS) Section:** The organizational body which manages and oversees the administration of Emergency Medical Services (EMS) and integrated healthcare initiatives delivered by MCFRS personnel.
- d. **EMIHS Leadership Council (ELC):** A subgroup of the **MRC** which, in the preliminary stages of a QA Inquiry, can convene and make interim recommendations and notifications. The **ELC** shall consist of the following:
  - 1. EMIHS Section Assistant Chief
  - 2. EMIHS Section Battalion Chief
  - 3. **QAO**
  - 4. **QIO**
  - 5. **Medical Director**
  - 6. **AQAOs**, as needed
- e. **Health Insurance Portability and Accountability Act of 1996 (HIPAA):** The Federal law that requires data privacy and security provisions for safeguarding medical information.
- f. **Maryland Confidentiality of Medical Records Act (MCMRA):** Maryland law which governs the disclosure of confidential individual healthcare information.
- g. **Maryland Institute for Emergency Medical Services Systems (MIEMSS):** The State agency that oversees and coordinates all components of the statewide system in accordance with Maryland statute and regulation.
- h. **Maryland Public Information Act (MPIA):** Maryland law which grants broad-right access to public records while protecting legitimate governmental interests and the privacy rights of individual citizens.
- i. **Medical Director:** An MCFRS-appointed physician who provides medical oversight for pre-hospital emergency medical care and emergency medical dispatch in compliance with COMAR Title 30.03.03.03.
- j. **Medical Review Committee (MRC):** The MCFRS committee serving as an advisory body to the Medical Director in the oversight of the Quality Management Plan in compliance with COMAR 30.03.04.03. The MRC shall be composed of the following individuals:
  - 1. **QAO** (Committee Chair)
  - 2. **Medical Director** (non-voting member)
  - 3. EMIHS Section Assistant Chief
  - 4. EMIHS Section Battalion Chief



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**5. QIO**

6. One (1) Advanced Life Support (ALS) Educator – MCFRS Public Safety Training Academy (PSTA)
  7. One (1) Basic Life Support (BLS) Educator – MCFRS PSTA
  8. One (1) International Association of Fire Fighters (IAFF) Bargaining Unit ALS Clinician/Peer
  9. One (1) IAFF Bargaining Unit BLS Clinician/Peer
  10. One (1) MCFRS Certified Chief Officer (CCO)/Peer
  11. One (1) Montgomery County Volunteer Fire Rescue Association (MCVFRA) Bargaining Unit ALS Clinician/Peer
  12. One (1) MCVFRA Bargaining Unit BLS Clinician/Peer
  13. One (1) MCVFRA Bargaining Unit CCO/Peer
  14. **AQAOs** (as needed)
- k. **MIEMSS Incident Report:** A MIEMSS Patient Care Quality Assurance Incident Report used to document Quality Assurance Inquiries. These forms are maintained by MIEMSS and are referenced in the Maryland Protocols.
- l. **Process Owner:** Individual(s) designated by MCFRS with the concurrence of the Medical Director who is directed by the Quality Improvement Officer to oversee various aspects of the Quality Improvement Process.
- m. **Prohibited Conduct:** Individual conduct that is prohibited by COMAR 30.02.04.01.
- n. **Quality Assurance (QA):** An organized method of auditing and evaluating individual patient contacts and experiences provided within an **EMSOP** to ensure that the applicable standards of care are upheld.
- o. **Quality Assurance (QA) Concern:** Any issue, incident, anomaly or event that could require a response by the **QAO**. Concerns may be but are not limited to: incidents discovered through random audit, praise and thank you correspondence, complaints, self-reporting, hospital follow-up, and system monitoring.
- p. **Quality Assurance (QA) Database:** An electronic repository of data and electronic documents pertaining to **QA Inquiries**.
- q. **Quality Assurance (QA) Inquiry:** The sub-process of the Quality Management Plan consisting of the organizational response to a **QA Concern**.
- s. **Quality Assurance Officer (QAO):** The individual designated by MCFRS with the concurrence of the Medical Director who executes all **QA** functions of the department. The **QAO** must be credentialed as an ALS clinician in Montgomery County and meet all



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qualifications for the “Operational Program Quality Assurance Officer” as outlined in COMAR 30.03.04 *Quality Assurance*.

- t. **Quality Improvement (QI):** A systematic, continuous, data-based approach to the measurement and analysis of system-wide performance, the implementation of interventions designed to improve that performance, and continued measurement to determine the success of these interventions.
- u. **Quality Improvement Officer (QIO):** The individual designated by MCFRS with the concurrence of the **Medical Director** who is responsible for focusing on system wide process improvements that benefit patients. The **QIO** must be credentialed as an ALS clinician in Montgomery County and meet all qualifications for the “Operational Program Quality Assurance Officer” as outlined in COMAR 30.03.04 *Quality Assurance*.

**SECTION 5. Policy:**

- a. This Quality Management Plan is administered by the **Medical Director**.
- b. The **EMIHS Section** will strive to implement all aspects of this plan in a patient-centered context.
- c. All appointments to the **MRC** are subject to the endorsement of the **Medical Director**.
- d. The **QAO**, **AQAO** or another EMIHS staff member may reach out to MCFRS clinicians to ask clarifying questions which could not be answered by reading the patient care report. When these questions are answered, clinicians may be provided with feedback which will sometimes include remediation. This process is neither punitive nor disciplinary; it is essential for organizational growth, strength, and integrity.
- e. The **QAO** shall have, as needed, one or more **AQAOs** to support the requirements set forth in this plan. All **AQAOs** report directly to the **QAO** on matters pertaining to **QA**.
- f. The **QIO** shall focus efforts at the system level using data and performance over time to recommend and implement improvement interventions.
- g. The **QIO** shall have, as needed, one or more **Process Owners** to support the requirements set forth in this Plan. All **Process Owners** report directly to the **QIO** on matters pertaining to **QI**.
- h. **MRC** members shall serve at the pleasure of the appointing authority. The **Medical Director** may request the replacement of an appointed **MRC** member for cause, in writing, to the appointing authority. Personnel who are members of the **MRC** by virtue of their MCFRS staff assignment will have terms linked with their assignment.
- i. The **MRC** will meet quarterly, as needed, at a time and place to be determined by the **QAO**, or at the call of the **QAO**. Other personnel with business before the **MRC** may attend the meetings as invited guests. Invitations are at the sole discretion of the **QAO**.



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- j. The **MRC** is established as a committee of **MIEMSS** and therefore is entitled to the confidentiality and immunity provisions of the **MCMRA**, the **MPIA**, and **HIPAA**. This includes all proceedings, records, and files of the MRC.
- k. All members of the **MRC**, including invited guests, must maintain the confidentiality of all proceedings, and as such will be required to sign a confidentiality agreement.
- l. The **QA Database** is the repository of documents for all **QA Inquiries**, regardless of nature. All paper documents will be converted to electronic medium and stored in the database. Once completed, each record will be archived for at least 5 years.

**SECTION 6. Responsibility:**

- a. All MCFRS and Montgomery County Government personnel affiliated with the MCFRS Operational Program are responsible for following this policy.
- b. The **Medical Director** is:
  - 1. responsible for administering the Quality Management Plan
  - 2. responsible for approving any remediation plan that arises from a **QA Inquiry**
- c. The **QAO** shall:
  - 1. facilitate the work of the **MRC** including requesting membership appointments, meeting scheduling, preparation, and presentation of cases
  - 2. be the central collection point for **QA Concerns** and manage the **QA Inquiry** Procedures listed under Section 7.c.
  - 3. ensure records and documents of all **QA Inquiries** are properly authored and stored in the **QA Database**
  - 4. enact all recommendations for remediation in individual cases that are approved by the **Medical Director**
  - 5. comply with all reporting requirements set forth by **MIEMSS** and MCFRS regarding **QA Inquiries**
- d. The **QIO** shall:
  - 1. develop key performance indicators which measure the effectiveness and quality of processes delivered by the MCFRS
  - 2. regularly review, evaluate, measure, and publish contemporaneous measurements of key performance indicators
  - 3. fulfill reporting requirements of aggregate performance metrics to external stakeholders such as **MIEMSS** and COUNTYSTAT
  - 4. recommend and implement **QI** interventions aimed at improving systemwide performance



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- e. The **MRC** shall:
  - 1. review findings of Complex **QA Inquiries**
  - 2. suggest applicable remediations and dispositions of cases to the **Medical Director**
- f. The IAFF Local 1664 President will appoint one (1) each IAFF Bargaining Unit ALS and BLS clinician to the **MRC**.
- g. The MCVFRA President will appoint one (1) each MCVFRA Bargaining unit ALS, BLS and CCO to the **MRC**.
- h. The MCFRS Fire Chief will appoint one MCFRS CCO to the **MRC**.
- i. The **EMHS Section** Assistant Chief will forward any Prohibited Conduct cases investigated by the Division of Human Resources to **MIEMSS**.
- j. The **ELC** will provide immediate counsel to the **Medical Director** in the early stages of a **QA Inquiry**. This counsel can include but is not limited to recommendations regarding classification of Simple vs. Complex inquiries, an imminent need to temporarily modify a clinician's credentials and the need to cross-refer a **QA Concern** to the Division of Human Resources.

**SECTION 7. Procedure:**

- a. Quality Improvement:
  - 1. Requests for performance measurement may come from internal and external sources.
  - 2. The **QIO** will use existing data sources to the extent possible to answer questions that arise about the EMS system.
  - 3. The **QIO** will answer questions regarding system performance or aggregate measures in the appropriate context.
    - A. Performance metrics will usually be displayed over time.
    - B. Performance metrics will be displayed with the appropriate analytical and statistical tools to differentiate between common and special cause variation.
  - 4. The **QIO** will provide external stakeholders with aggregate data on demand, unless automatic delivery of periodic updates has been arranged.
- b. Customer Satisfaction Assessment
  - 1. The **QIO** will collect data on customer satisfaction from our patients via a survey.
  - 2. Data from these surveys will be aggregated and analyzed to develop a system-wide assessment of customer satisfaction.
  - 3. Positive feedback will be periodically sanitized of identifying patient information, edited for negative or extraneous content, and translated as necessary. The feedback will then be



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returned to the EMS clinicians documented on the patient care report. A copy of this feedback will also be provided to the clinician's immediate supervisors.

4. **QA Concerns** arising from this process will be routed to the **QAO**.
  5. Other concerns arising from this process will be routed to the **EMIHS Section** Battalion Chief for further disposition.
- c. Quality Assurance:
1. Upon receipt or knowledge of a **QA Concern**, the **QAO** or **EMIHS Section** Battalion Chief will determine the need for a **QA Inquiry**.
  2. Any implications discovered during a **QA Inquiry** which have a nexus to prohibited conduct as defined by COMAR Title 30.02.04, Code of Conduct issues under Executive Regulation 22-00AM Code of Ethics, and the MCFRS Code of Conduct policy will be forwarded to **MIEMSS** and the MCFRS Human Resources Division as deemed appropriate by the **QAO**, **EMIHS Section** Battalion Chief and **EMIHS Section** Assistant Chief.
  3. Once initiated, a **QA Inquiry** will be determined to be "Complex" or "Simple". A **QA Inquiry** cannot be deemed Simple if it involves any of the following:
    - A. prohibited conduct as defined by COMAR 30.02.04
    - B. a potential danger to the public
    - C. circumstances that caused significant worsening of patient's condition or death
  4. During a Simple **QA Inquiry**, the **QAO**, or designee, will interview clinicians and witnesses and provide education and remediation as necessary.
  5. A Complex **QA Inquiry** process may include any combination of the following steps:
    - A. Acknowledgment of the **QA Concern** to the reporting party
    - B. Initial fact finding and investigation
    - C. Notifications as described under Section 7.c.7
    - D. Briefing of the **Medical Director** with the **ELC**, including consideration for temporary modification of the clinician's credentials described under Section 7.c.9
    - E. Completion of the **MIEMSS Incident Report**
    - F. Notification of the Maryland State **Medical Director**
    - G. Gathering of documents described under Section 7.c.8
    - H. **MRC** Review described under Section 7.c.10
    - I. Case closure described under Section 7.c.11
  6. All **QA Inquires** will be recorded in the **QA Database**.
  7. All Complex **QA Inquires** require the following internal notifications:



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- A. Detailed notification including the nature and origin of the inquiry will be sent to the clinician and the assigned EMS Duty Officer.
- B. Basic notification including the clinician's name will be sent to the chain of command including the station officer, assigned Battalion Chief, and the assigned Duty Operations Chief, Section Chief, or Volunteer Fire Chief.
8. As applicable to **QA Inquiries**, the following documents may be collected:
  - A. MCFRS Records Management System files
  - B. On-line medical direction recordings
  - C. Computer-Aided Dispatch (CAD) records
  - D. Applicable Maryland Medical Protocols
  - E. Applicable Maryland and Montgomery County laws and regulations
  - F. Hospital medical records and reported patient outcome
  - G. Applicable training records for each clinician involved
  - H. Clinician and witness statements
9. As a result of initial fact finding in a Complex **QA Inquiry**, the **Medical Director** may immediately and temporarily modify a clinician's MCFRS emergency medical credentials.
  - A. The clinician, the chain of command including the Fire Chief, **MIEMSS**, and the State Medical Director must be notified immediately.
  - B. The clinician will have an opportunity to respond in writing to the **QA Inquiry** or by meeting with the **QAO**.
10. **MRC Review**
  - A. The **MRC** will review relevant facts and circumstances, determine the root cause, and suggest applicable remediations and dispositions of all Complex **QA Inquiries**.
  - B. Remedial actions may include but are not limited to additional training, counseling or study assignments.
  - C. The **MRC** may also recommend other actions such as medical probation, temporary modification of credentials, permanent modification of credentials, and permanent revocation of credentials.
  - D. The **Medical Director** shall have final authority to approve any recommendation of the **MRC**.
11. **Closure**
  - A. All Complex cases will be closed with a disposition. Disposition options include: Sustained, Not Sustained, and Unfounded.





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- B. The **QAO**, or designee, will enact all remedial actions resulting from a **QA Inquiry**.
- C. All **QA Inquiries** handled by an **AQAO** must be forwarded to the **QAO** for disposition. Closure of a **QA Inquiry** (Simple or Complex) is at the discretion of the **QAO** in concert with the **EMIHS Section** Battalion Chief.
- D. If applicable, the **QAO** will contact the source party of the **QA Concern** to advise them that the **QA Inquiry** has been completed and that actions have been taken to improve the System.
- E. The **QAO** will notify the clinician's chain of command via email (to the level that was originally notified) that the **QA Inquiry** has been completed. This notification will include the disposition and any required remediation.
- F. If applicable, the **QAO** will file a **MIEMSS Incident Report** recommending closure or further action by the State EMS Board.

**SECTION 8. Cancellation:**

This is an update to Policy and Procedure 21-04 *EMS Quality Management Plan*, dated July 13, 2018.

**SECTION 9. Attachments:**

None

Approved:

A handwritten signature in black ink that reads "Scott Goldstein".

Scott E. Goldstein  
Fire Chief

August 31, 2021