

Oakland County Medical Control Authority
System Protocols
PROFESSIONAL STANDARDS REVIEW ORGANIZATION
PSRO STRUCTURE AND OPERATIONAL POLICY

June, 2018

Section 8.27

PSRO Structure and Operational Policy

Mission: The Oakland County Professional Standards Review Organization (PSRO) Subcommittee exists to promote the EMS system, and organize and integrate quality assurance activities to ensure the delivery of consistent, quality emergency patient care for Oakland County.

I. Professional Standards Review Organization

- A. The Professional Standards Review Organization (PSRO) is a review entity that is provided information or data regarding the physical or psychological condition of a person, the necessity, appropriateness, or quality of health care rendered to a person, or the qualifications, competence, or performance of a health care provider. The PSRO is a committee established by the Medical Control Authority for the purpose of improving the quality of medical care.
- B. The Oakland County Medical Control Authority (OCMCA) shall determine the membership of the PSRO in accordance with the OCMCA's Bylaws.
- C. All Quality Improvement activities shall be considered activities of the PSRO.

II. PSRO Membership:

- A. Appointments: Chair, Vice Chair and membership shall be appointed by the Executive Committee and approved by Medical Control Committee (MCC) and Board of Directors.
- B. Term: 2 years
- C. Meetings: Monthly, with additional meetings as deemed necessary.
- D. Membership:
 - 4 ED physicians from different OCMCA approved facilities
 - 1 ED Nurse Manager/Director
 - 1 ALS Public Provider**
 - 1 ALS Private Provider**
 - 1 BLS/MFR Provider**
 - 8 Total Voting Membership
- E. Ex Officio: OCMCA Staff, EMS Medical Director, Deputy Medical Director, MCC Chairperson, Chairpersons of the subcommittees: EMS Operations, and Protocols.

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- F. Subject Matter Experts: Ad hoc, for subject-specific advice to PSRO. Subject Matter Experts will be required to sign the PSRO Confidentiality Statement.
- G. Attendance: 75% required attendance with semi-annual assessment
- H. Quorum: 2 physicians, 2 providers and greater than 50% of voting members.
- I. Confidentiality Statement: Each PSRO Member (voting and ex-officio) will be required to sign the OCMCA PSRO Confidentiality Statement annually (See Appendix A of System Protocols).

** Indicates that the member must be from an Oakland County-based Life Support Agency (LSA) that provides emergency services to a city, township, or village within the OCMCA area, and the LSA's headquarters is located in the OCMCA service area.

III. Peer Review Confidentiality:

Information and data collected by or for the PSRO is confidential professional/peer review PSRO information of the OCMCA. It is protected from disclosure pursuant to MCL 333.20919(1)(g), MCL 333.20175, MCL 333.21515, MCL 331.531-331.533 and other State and Federal laws. Unauthorized disclosure or duplication of PSRO information is absolutely prohibited.

IV. EMS Patient Care Records:

- A. The PSRO is authorized to request copies of EMS patient care records (PCRs) within the OCMCA's service area. Copies of PCRs shall be provided to the PSRO as requested and shall be submitted by the LSA no later than the timeframe designated by OCMCA. Additional time may be granted per request of the LSA and such request shall be determined by the OCMCA.
- B. Any individual may request, with justification, that a specific PCR be reviewed by the PSRO. This includes but is not limited to Physicians, Nurses, EMS Providers, and Patients.
- C. All reviews of PCRs will be based on OCMCA protocols that were approved and active on the date of the EMS call for service.

V. Protocol Review:

- A. The PSRO may review proposed and revised protocols as they pertain to quality improvement, patient care, or special circumstances and provide with the PSRO's comments.

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VI. PSRO Responsibilities:

A. Incident review:

To assess, investigate and make recommendations to the Board of Directors pertaining to issues of concern posed by any person(s) regarding Oakland County EMS activities. Investigations will be processed according to the Incident Investigation Procedure.

B. Audits:

To regularly assess quality assurance processes performed by pre-hospital care personnel/agencies/facilities.

C. QI Studies/Planning:

To develop an annual plan and perform study evaluations for the purpose of EMS system assessment and improvement of processes, protocols, EMS personnel, equipment, medications, etc. that may affect patient outcomes.

D. Licensure/Relicensure/Letter of Compliance: Assessment of LSAs' and facilities' applications, reapplications, and compliance with OCMCA protocols, policies, and QI.

E. Life Support Agency data collection.

F. Evaluation of proposed research projects that involve the Oakland County EMS System or EMS patients within the OCMCA's service area.

VII. Reporting:

A. PSRO reports to the EMS Medical Director, MCC and Board of Directors.

B. The following will be reported to the MCC and Board of Directors:

1. Retraining
2. Probation with conditions and reevaluation time frame
3. Suspension/removal of Medical Control for personnel/LSA/facility
4. Revocation of license – through the Michigan Department of Community Health (MDCH).

VIII. PSRO Quality Improvement Recommendations:

A. The PSRO and/or the EMS Medical Director will determine the severity of an incident and develop an action plan to address the matter, if necessary.

B. Incident Review:

The following will may be reviewed for EMS system and LSA compliance:

1. Demographics, times, mileage, etc.
2. Accuracy of patient assessment
3. Appropriateness of treatment
4. Compliance with protocols

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5. Competency of procedures
 6. Communications
 7. Completeness of documentation
 8. Any information that may impact patient care
- C. Incident Review and Audit Recommendations/Findings:
1. Absolution, complaint unfounded, unsubstantiated or not of consequence
 2. Informational/educational reporting without recommendation for action
 3. Endorsement of activity
 4. Trending
 5. Revision of protocols/policies/procedures
 6. Corrective action plan by personnel/LSA/facility
 7. Education recommendations for the system
- D. Referral to Due Process and Disciplinary Procedures
1. Written reprimand to personnel/LSA/facility
 2. Remediation of individuals involved
 3. Modification of clinical privileges
 4. Continued monitoring
 5. Individual/LSA probation
 6. Removal of Medical Control
 7. Other actions as determined by the PSRO and/or EMS Medical Director