



Oakland County Medical Control Authority

System Protocols

PROFESSIONAL STANDARDS REVIEW ORGANIZATION PSRO RESPONSIBILITIES, STRUCTURE, AND OPERATIONAL POLICY

Initial Date: June 2018
Revised Date: 9/14/2023

Section 8-27

PSRO Responsibilities, Structure and Operational Policy

Mission: The Oakland County Professional Standards Review Organization (PSRO) Subcommittee exists to facilitate system-wide continuous quality assurance and improvement of EMS to ensure consistent, high-quality pre-hospital care in Oakland County, Michigan.

Purpose: The Professional Standards Review Organization (PSRO) of the MCA 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 MCA for the purpose of improving the quality of medical care and oversight of appropriate protocol compliance within the EMS system.

1. Confidentiality Assurance

- A. Information obtained for the purpose of Quality Review will be used to determine if the current protocols in the MCA are being appropriately followed and to improve the protocols and the EMS system. Data is protected under P.A. 270 of 1967, MCL 331.531 to 331.533.
- B. In specific cases where EMS providers may require corrective actions, the emergency medical services personnel names may be given to the agency to address at the agency level.

2. Membership

The PSRO may be comprised of members of the board, MCA staff and contract staff, EMS agency staff, hospital staff, committee members, and other designated individuals when acting on behalf of, or at the direction of the MCA when performing PSRO tasks.

A. Hospital Members

- i. 3 ED physicians
- ii. 1 Deputy Medical Director
- iii. ED Coordinator Subcommittee Member

B. EMS Provider Members

- i. ALS Public Provider**
- ii. ALS Private Provider**
- iii. BLS or MFR Provider**
- iv. Chair or vice chair of Protocols**
- v. Chair or vice chair of EMS Operations or 1 ALS or BLS Provider non-administrative**
- vi. Ex Officio: OCMCA Staff, EMS Medical Director



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System Protocols

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C. Total Membership: 10

- i. All members must come from different Life Support Agency's and Hospitals, including the EMS Medical Director.
- ii. ** Indicates that the member must be from an Oakland County-based Life Support Agency (LSA) that provides 24/7 primary 911 emergency services to at least one city, township, or village within the OCMCA area.
- iii. **Required Attendance:** in person 75% required attendance with semi-annual assessment.

D. Appointments for Chair, Vice Chair and membership shall be appointed by the Executive Committee and approved by Medical Control Committee (MCC) and Board of Directors for two year terms

E. 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).

3. Meetings

A. All PSRO meetings are closed meetings.

B. The PSRO will follow Robert's Rules.

C. Quorum, consists of:

- i. 1 physician
- ii. 1 provider
- iii. Greater than 50% of voting members, with a minimum of five members at each meeting.

D. Meeting Schedule

i. Standard Meeting

1. At least monthly, as directed by PSRO.

a. Cancellation

i. PSRO motion and vote.

ii. Anticipated no quorum by PSRO Chair or Medical Director.

iii. No quorum at meeting.

ii. Sentinel Event Meeting

1. Scheduled, as needed for Sentinel Event Incidents

E. Subject Matter Experts: Ad hoc, for subject-specific advice to PSRO.

- i. Subject Matter Experts will be required to sign the PSRO Confidentiality Statement.

F. Minutes



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System Protocols

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- i. Minutes of all meetings will be prepared by MCA staff or designee.
- ii. Minutes must be approved at the next scheduled meeting.

4. MCA PSRO Responsibilities

A. The MCA's designated PSRO shall perform the duties and functions related to complaints, investigations, or quality improvement activities, both prospective and retrospective.

B. All Quality Improvement activities shall be performed by the PSRO, and all documents collected for Quality Improvement activities shall be held by the PSRO, subject to Michigan's peer review privilege.¹

C. Planning

- i. The PSRO shall 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

- i. Assessment of LSAs' and facilities' applications, reapplications, and compliance with OCMCA protocols, policies, and quality improvement.

E. Incident Reviews

- i. To assess, investigate and make recommendations to the Board of Directors pertaining to unusual circumstances and/or issues of concern posed by any person(s) regarding EMS activities in the MCA. Investigations will be processed according to the Incident Investigation Procedure Protocol.
- ii. Incidents that shall be reviewed
 1. Unusual Occurrences
 - a. Any ePCR that are unusual and possibly one-time situations that may serve as a learning tool for other services in the future may be reviewed.
 2. Protocol Required Reviews
 - a. Any incident that is required to be reviewed by protocol.
 3. Complaints
 - a. Complaints regarding patient care and/or protocol violations may be brought to the attention of the PSRO of the MCA.
 - i. 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.

¹ MCL 331.531 *et seq.*



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System Protocols
PROFESSIONAL STANDARDS REVIEW ORGANIZATION
PSRO RESPONSIBILITIES, STRUCTURE, AND OPERATIONAL POLICY

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Section 8-27

1. Any complaint will follow the **8.24 Complaint Investigation Protocol**.
 4. Topic quality improvement reviews will be performed.
- iii. The following may be reviewed for EMS system and LSA compliance:
 1. Dispatch information
 2. Demographics, times, mileage, etc.
 3. Accuracy of patient assessment
 4. Appropriateness of treatment
 5. Compliance with protocols
 6. Competency of procedures
 7. Communications
 8. Completeness of documentation
 9. Mutual aid/multi-agency problems
 10. Any information that may impact patient care
- iv. 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
- v. Referral to Due Process and Disciplinary Procedures
 1. See the **8.24 Complaint Investigation Protocol**
- vi. The current protocols in place at the time of the event will be used to review the incident.
- vii. Any changes in protocols will not be used for evaluation until the changes are approved and distributed.

F. Data Collection

- i. The MCA is authorized to obtain access to ePCRs originating within their service area; this includes all scene responses, interfacility transfers and critical care transfers. The Medical Control may elect to receive reports upon request.
- ii. The MCA is authorized to obtain electronic data and voice recordings from any and all EMS agencies and/or departments, and dispatch agencies with interaction with callers requesting a medical response within the MCA service area. This includes mutual aid responses into the MCA service area. Data will be provided to the MCA's PSRO on a monthly basis or when individual records, recordings and reports are requested. The Medical Control may elect to receive electronic reports



Oakland County Medical Control Authority

System Protocols

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Section 8-27

on a more frequent schedule.

- iii. Any documents or data relating to requests for service, records of provided services, records of refused services, dispatch reports and incident reports including all aggregated reports for benchmarking and analysis which are submitted to the PSRO of the MCA, or generated by the PSRO, are privileged. The MCA's PSRO holds ownership of only protected Quality Improvement documents. The submitting agency maintains ownership of any and all original records generated by their agency and personnel.
- iv. Incident reports and requests for additional information directed to an individual provider or to an EMS agency/department requested by the MCA/PSRO must be submitted to the MCA/PSRO within 96 hours or as determined by the MCA. Additional time may be granted per request of the LSA, and such request shall be determined by the MCA.
- v. The MCA may establish an online reporting system.

G. MIEMISIS

- i. The MCA shall maintain access to the MIEMISIS data and ensure that agencies are accountable for the submission of data.
- ii. MIEMISIS data should be utilized as a tool for the evaluation of performance and function as a driving mechanism for quality improvement.

H. EQIP

- i. Determination of annual education and/or skills verification
- ii. Preparation of annual protocol knowledge assessment based on the annual education.
 1. The PSRO will analyze the protocol knowledge assessments methods and results to determine the most appropriate assessment parameters for each EMS license level (MFR, EMT-Basic, Paramedic).
- iii. Review of LSA Compliance
 1. OCMCA will verify the completion of all skills and knowledge education as dictated by the OCMCA PSRO Committee by reviewing each LSA's OCMCA EQIP CE Completion Form. Any LSA that does not complete skills and knowledge education as dictated by the PSRO Committee will be subject to an OCMCA EQIP CE Audit. In addition, all LSA's are subject to a random OCMCA EQIP Audit to verify that the training was conducted completely and that adequate records were maintained.
 2. Review of LSA Data



Oakland County Medical Control Authority

System Protocols

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- I. Special Studies
 - i. Evaluation of any special study requests
 - 1. If a special study is approved, all e-PCRs that include the use of equipment, skills, techniques, procedures, etc. that are currently under special study, will be reviewed.

- J. Research Projects
 - i. Evaluation of proposed research projects that involve the Oakland County EMS System or EMS patients within the OCMCA's service area.

- K. Audits
 - i. Regularly assess quality assurance processes performed by pre-hospital care personnel/agencies/facilities.

- L. Quality Improvement Recommendations
 - i. Protocol Revision Recommendations
 - 1. The PSRO may review and recommend revised protocols as they pertain to quality improvement, patient care, or special circumstances.

5. LSA Responsibilities for PSRO

- A. Each agency, or department licensed to provide prehospital care within the MCA area, must develop and maintain a PSRO subgroup that reviews, either through a peer evaluation group or individuals tasked with peer review functions, and conducts audits requested by MCA.

- B. Licensure/Relicensure/Letter of Compliance
 - i. Each LSA is required to complete the MCA letter of compliance in the timeframe required by the MCA.

- C. MIEMIS
 - i. Providers and agencies are required to report per the **7.15 Patient Care Record, Electronic Documentation and EMS Information System** protocol.
 - ii. Agencies shall work in cooperation with the MCA, under PSRO, to ensure the quality, consistency and accuracy of data submitted through MIEMIS.
 - iii. MIEMIS data should be utilized as a tool for the evaluation of performance and function as a driving mechanism for quality improvement.



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System Protocols

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Section 8-27

D. EQIP

- i. Skill and/or knowledge verification process
 1. Education: All OCMCA LSA's will provide EMS skill and/or knowledge education to their personnel as directed by the OCMCA. All LSA's will be provided with the necessary education materials to complete the training requirements.
 - a. LSA Verification: All LSA's will submit an OCMCA EQIP CE Completion form that signifies that all skill and knowledge education was conducted as described by the OCMCA PSRO Committee. This standardized form will acknowledge that the training was successfully completed, and all related skills and knowledge have been verified by the LSA. LSA's will maintain all related training records for a minimum of five (5) years.
- ii. Required data reporting – Quarterly
 1. All OCMCA LSA's will provide a quarterly report (provided in template form) to the PSRO that verifies the following data:
 - a. Comparison of e-PCR forms submitted to LSA's vendor with MIEMIS, to include:
 - i. Number of ePCRs in LSA's vendor and number of MIEMIS ePCRs.
 - ii. Other, as requested by PSRO.
 - b. 100% of cardiac arrests submitted to CARES.
 - c. 100% Multiple Casualty Incident (MCI) PCRs.
 - d. 100% of requested information pertaining to PSRO studies.
- iii. Measurement of protocol knowledge
 1. The PSRO will analyze the protocol knowledge assessments methods and results to determine the most appropriate assessment parameters for each EMS license level (MFR, EMT-Basic, Paramedic).
 2. 100% of all OCMCA LSA EMS personnel will participate in a protocol knowledge assessment. This assessment will be a multiple-choice test created and administrated by the OCMCA PSRO Committee and kept confidential.
- iv. All OCMCA LSA's and their EMS personnel must comply with all EQIP components. Any LSA and/or EMS personnel that do not comply with EQIP components are subject to PSRO review
- v. Any LSA that fails to send a representative to any mandatory EQIP in-service, without prior notification, will be subject to PSRO review and



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Section 8-27

possible sanctions.

E. Attendance as Requested by PSRO

i. LSA

1. Any LSA that is requested to appear in front of PSRO shall respond to the request. The LSA may request a postponement of up to 30 days to prepare for the meeting. If the LSA does not appear on the prescribed meeting date, the PSRO will make a determination based on the available information.

ii. EMS Providers

1. Any EMS provider that is requested to appear in front of PSRO shall respond to the request. The provider may request a postponement of up to 30 days to prepare for the meeting. If the provider does not appear on the prescribed meeting date the PSRO will make a determination based on the available information.

6. 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:

- i. Topic quality improvement reviews
- ii. Retraining
- iii. Probation with conditions and reevaluation time frame
- iv. Suspension/removal of Medical Control for personnel/LSA/facility
- v. Revocation of license – through the Michigan Department Health and Human Services (MDHHS).

C. The following will be reported to the State of Michigan (MDHHS):

- i. Probation with license restrictions
 1. Conditions and reevaluation time frame.
- ii. Suspension/removal of Medical Control for personnel/LSA/facility.