Government of the
District of Columbia

Department:	***Department of Health***
Administration:	***Health Emergency Preparedness and Response Administration***
Section:	***Emergency Medical Services***
Policy Number:	***2010-0003***
Effective Date:	***01 February 2010***
Approved By:	***Beverly Pritchett, Senior Deputy Director, HEPRA***
Applies To:	***DC EMS Ambulance Services***
Purpose:	***EMS Organizational Quality Assurance and Improvement Plan***
Reference:	***Memorandum of 30 December 2009 "Policy on EMS Organizational Quality Assurance and Improvement Plan"***
Revision:	***Original***

On 30 December 2009, Memorandum "Policy on EMS Organizational Quality Assurance and Improvement Plan" was issued to all EMS agencies. This document updates that memorandum to a Department of Health policy. This policy corrects the effective date stated in the initial memorandum of 01 January 2009 to 01 February 2010.

All EMS ambulance organizations, effective 01 February 2010, will need to comply with the following policy;

A. Every EMS operational program shall have a written quality assurance and improvement plan approved by its medical director.

B. The plan must be submitted and approved by DOH.

C. The quality assurance plan shall include provisions for:

(1) Reviewing data concerning patient care rendered by EMS providers affiliated with the EMS operational program;

(2) Identifying and analyzing trends in EMS care rendered by EMS providers affiliated with the EMS operational program;

(3) The method and manner to annually report to DOH on quality assurance issues;

(4) Providing remedial action to resolve any patient care issues involving EMS providers or the EMS system which should be addressed at the jurisdictional level;

(5) Identifying violations of the District of Columbia Emergency Medical Services Protocols or organizational EMS protocols approved by DOH;

(6) Reviewing oral or written allegations that:

(a) An EMS provider failed to act in accordance with applicable law or protocols, or

(b) Pre-hospital patient care was below the applicable standard of care.

(7) Notifying DOH within 72-hours of discovery of any incidents, protocol variations, or trends which in the opinion of the medical director:

(a) If there is a possibility that harm occurred – even if no conclusive finding was made by your agency or any other entity,

(b) May require administrative action by DOH, or

(c) Suggest the need for changes to the District-wide EMS system by DOH.