

MEDICAL DIRECTION & OVERSIGHT, QUALITY MANAGEMENT PROGRAM (MDQMP)

ROLES & RESPONSIBILITIES

INTRODUCTION

This document provides a description of the roles, responsibilities and background context for PEAK Emergency Response Training's (PEAK) (*a division of Peak Project Management, Inc.*), *Medical Direction & Oversight, Quality Management Program* (MDQMP). This document outlines the policies and procedures that client organizations need to be responsible for when utilizing PEAK's Medical Direction & Quality Management (MDQM) services.

1. MEDICAL DIRECTION AND QUALITY MANAGEMENT PROGRAM

An integral element of an organization's operations and risk management plan is a medical direction and quality management program that encompasses both the retrospective review of process (quality assurance), as well as an overall quality management approach that emphasizes continuous on-site operational study and improvement. All of PEAK's emergency response training and quality management programs are designed and delivered to our client organizations with these key risk management strategies in mind.

When an organization retains PEAK to provide emergency medical response services, the background context for PEAK's role in delivering these services should be understood to include the following:

Firstly, several of the protocols that PEAK has developed for our client organization's emergency response systems are governed by legislation and regulations. These stipulate that the protocols be developed and provided under the oversight of a physician. PEAK's Medical Direction and Oversight Team is currently comprised of eight physicians they are Dr. William Akeroyd, Dr. Gordon Bird, Dr. Steve Collyer, Dr. Angus Gilchrist (Team Lead), Dr. Bruce McKnight, Dr. Hazel Park, Dr. Michael Sloan and Dr. Simon Ward.

Secondly, though the incidence of litigation arising from emergency response programs is known to be relatively low, a comprehensive quality management program is an essential measure to mitigate the potential risk of litigation. It also provides greater safety for patients and providers alike. Our Quality Management Program incorporates current best practices in the field of emergency response services and these include recommended responsibilities for the client organization in order for the system to be effective.

The PEAK's MDQMP is comprised of the following specific elements:

- A) Ensures that the training programs are of high-calibre.
- B) Ensures that the *protocols* and *standing orders* (physician directive) are medically sound.
- C) Review protocol documentation to verify that the protocols are being initiated appropriately and provide feedback to the responder(s) and clients when/if required or determined by PEAK.
- D) In collaboration with the client, PEAK will assist in conducting investigations where protocols may have been breached.
- E) Conduct on-going program evaluation to ensure that the training programs, protocols and standing orders incorporate the most up-to-date medical information and available technology.
- F) Review post *Automated External Defibrillation* (AED) incident event data (electronic data) and documentation and correlate the information to produce a 'Post AED Incident Review Report'.
- G) Provide clinical and technical advice on a non-emergency basis, and, at times/when practical, on an emergency basis when PEAK's qualified staff are present at a client's site.

- H) When appropriate and practical, provide on-site 'live' medical assistance, to client rescue teams responding to emergencies to provide not only medical assistance, but to also ensure that overall quality of care delivery continues to meet PEAK's standard of care. It is further understood that where an emergency warrants it, PEAK's qualified staff will take a lead medical role in rescue operations to ensure best possible patient care delivery and that patient(s) are not compromised.
- I) At the request of the client, PEAK will liaise with WorkSafe BC, BC Emergency Health Services, local fire departments and search & rescue teams with regards to patient care delivery.

2. TRAINING PROGRAMS & CERTIFICATION

2.1 PEAK'S ROLE

Training is a critical component to an organizations' ability to provide an effective emergency response system. PEAK provides training that is comprehensive, uniform and applicable to an organization's specific needs.

2.2 THE CLIENT ROLE

It is the client's responsibility to ensure that all of their responders' certifications remain current and that the protocols are deployed in a manner consistent with PEAK's training standards. The certification period for PEAK's *Advanced Protocol Training Program*, for example, is 1-year; after which responders require re-certification.

As stated in the *Advanced Protocol Training Manual*, it is strongly recommended that 90-day '**Refreshers**' are conducted to ensure that responders knowledge remain current. PEAK offers a 'train-the-trainer program' to its committed clients on a cost-recovery basis. This program, the **Training Facilitators Development Program (TFDP)**, is a cost-effective means of ensuring that their responders' knowledge and certification remains current while keeping costs to a minimum. This program provides prospective 'Training Facilitators' (TFs) with the necessary skills that will assist them in conducting the 90-day 'Refreshers' and other related training. The program allows organizations to conduct these 'Refreshers' in-house as well as build protocol knowledge capacity into the culture of their organization. It also provides support for on-going training, which, in our experience, is imperative to maintain a high-degree of competency within an organizations' emergency response system.

While not mandatory, we strongly encourage our client organizations to establish a TFDP as part of their overall risk management policy development. PEAK provides comprehensive on-going support to TFs both on-line and in person with educational services and training materials. Our on-line services provide for a communication network whereby TFs from all of our participating clients can discuss training strategies, share information and access a multitude of resources.

3. PROTOCOL REPORTING PROCEDURES

Timely incident reporting and good communication practices play a key role in an organization's overall risk management strategy. As part of its service to a client, PEAK will review protocol reports and provide the client with feedback regarding the protocol initiations. To perform this function, however, clients must report all protocol initiation events to PEAK. Without complete and timely reporting by the client, PEAK will be unable to provide complete protocol review for the client. The specific reporting requirements are addressed below:

3.1 CLIENT REPORTING RESPONSIBILITY

3.1.1 PROTOCOL INITIATION REPORTING PROCEDURES

- Completion of the Protocol Initiation Report (PIR) for each protocol initiation occurrence.
- In the event of a Medication Assist Protocol initiation, PEAK also requires the 'Pre-Administration Checklist' - in addition to the PIR - be completed by the responder.
- Fax or electronic transmission of all reporting documentation and all other relevant data to PEAK within 24 hours of a protocol initiation.

3.1.2 AED PROTOCOL INITIATION – SPECIAL REPORTING PROCEDURES

- Inform PEAK that an AED protocol has been initiated as soon as practical.
- Retrieve, where applicable, the data card from the AED device and courier the retrieved data card to PEAK by the most secure and quickest means possible. If the AED device does not utilize a data card for event data storage, the AEDs electronic data must be sent via electronic transmission to PEAK within 24 hours. In situations where data is required to be extracted directly from an AED device, PEAK will employ one of the following measures:
 - 1) send a PEAK representative to the site to carry out the data transfer or, 2) arrange for a device exchange and leave the client with a temporary loaner unit.
- In addition to completing the PIR, a Post AED Incident Report (PAIR) is to be completed. Current forms can be downloaded from the 'Client' and 'TF' sections of the PEAK website at www.peakemergencytraining.com.
- Fax or electronic transmission of the PIR, PAIR and all other relevant data and documentation to PEAK within 24 hours of the protocol initiation.

3.1.3 PROTOCOL INVESTIGATION SUPPORT

Upon review of the submitted documentation, should PEAK determine that a potential protocol breach has been made, PEAK will notify the client of the potential protocol breach within 24 hours. Should the client request PEAK's involvement in an investigation into a potential protocol breach, we request client management to provide reasonable means and access to conduct a thorough investigation.

3.2 PEAK RESPONSIBILITY

3.2.1 REVIEW OF PROTOCOL INITIATION DOCUMENTATION

PEAK endeavors to review all protocol initiation documentation submitted by its clients within 48 hours of receiving the documentation. PEAK's responsibility is to verify that the established protocols are being initiated appropriately, provide feedback to the responder and client management, and, where warranted, have a report reviewed by the PEAK Medical Direction & Oversight Team.

3.2.2 PROVIDE REMEDY FOR INAPPROPRIATE USE OF A PROTOCOL

Within 72 hours PEAK will make recommendations for additional and/or improved protocol training and equipment deployment. These can be given to TFs working with responders in-house via email and telephone. In the event that the client does not have a TFDP in place, PEAK will liaise with the appropriate supervisor to make recommendations.

3.2.3 POST-AED PROTOCOL INITIATION PROCEDURES

Following an AED protocol initiation, PEAK will review the PIR, PAIR and electronic data. From this process we provide the client organization - via the appropriate supervisor - with a Post-AED Incident Review Report. PEAK can also provide the following services if requested:

- If applicable and appropriate, provide medical data to the patient's physician(s) to assist in treatment.
- Assist with the determination if a CISD is prudent.
- Conduct an 'operational debriefing' with specific emphasis on the medical response as it pertains to protocol use.
- Provide guidance for readying the AED equipment for re-deployment.

3.2.4 CRITICAL INCIDENT STRESS DEBRIEFING SERVICES

Definitions: A **critical incident** is a workplace event, an accident, injury or fatality, for example, which may cause an emotional or psychological trauma in people exposed to the incident directly, or even indirectly. PEAK can assist client organizations, however, it is the client organization's responsibility to initiate a CISD session(s) with their employees.

4. PROTOCOL BREACH

Definition: In the execution of a protocol initiation, a protocol breach is said to have occurred if any or all of the following takes place:

- The responder executing the protocol is out of their scope of practice.
- The responder alters the protocol for any reason, whether intentionally or unintentionally.
- Any other responder or third party involved in the protocol execution alters the protocol, whether by intention or not.

In the event of a potential protocol breach, PEAK has established clear responsibility and investigation procedures to be followed by both our staff and the client organization.

4.1 CLIENT REPORTING RESPONSIBILITY

It is the responsibility of the client's supervisory staff and/or TF(s) to immediately report potential protocol breach incidents to PEAK. In the event a potential protocol breach is reported to PEAK, PEAK will consider the report and make a recommendation to the client regarding a follow-up investigation. If the client, then requests a follow-up investigation we will require the client to provide reasonable means and access for PEAK to conduct the investigation.

4.2 PEAK RESPONSIBILITY

4.2.1 PROTOCOL BREACH INVESTIGATION PROCEDURES

In the event that a potential or actual protocol breach is reported to PEAK, at the request of the client organization PEAK will undertake an investigation in collaboration with the organization. Investigation procedures include the following:

- Collection and review of all documentation and all data related to the breach incident.
- Collection and review of all statements and anecdotal reports related to the incident, either in person or via telephone.
- Protocol breach incidents are reported to PEAK's Medical Direction Team for review and recommendation.
- Responder(s) involved in the breach incident shall be immediately suspended from protocol initiation of any kind pending the conclusion of the investigation.
- Preparing and delivering a **Protocol Breach Report** for the client organization.
- Make recommendations for remedial action.

4.2.2 INVESTIGATION GOALS & REMEDIES

PEAK's investigation process has the primary goal of determining the responder(s) understanding of proper protocol procedure and its deployment at the time of the protocol investigation and potential protocol breach.

A. REVOCATION OF CERTIFICATION

PEAK does not condone or support the alteration of established protocols. Where PEAK's review of the report(s) and/or investigation results in a finding by PEAK that there has been an alteration of established protocols PEAK may, at its sole discretion, immediately and permanently revoke the responder's certification. PEAK will, however, with the approval and cooperation of the client, also consider the factors surrounding the event to determine whether there are circumstances or mitigating factors that may justify the maintenance of the responder's certification status despite the breach. If such circumstances exist in the view of the PEAK's investigators, then the responder's certification may be maintained, as addressed below. Otherwise, the responder's certification will be revoked. The ability of PEAK to consider other factors relevant to the event and protocol breach will depend upon the extent to which access is provided to PEAK by the client for investigation of the protocol breach.

B. MITIGATING FACTORS

Where PEAK determines that there have been mitigating factors relating to a responder's alteration of a protocol, PEAK may, at its sole discretion, determine that there need not be an immediate and permanent revocation of certification. Instead, PEAK may require that the client and responder take certain steps for the responder to maintain his or her certification status that may include the following:

- Re-training of the responder(s) responsible for the breach.
- 'Shadowing' the offending responder(s).
- Temporary revocation of certification.

5. DATA SECURITY AND PATIENT CONFIDENTIALITY

In keeping with national and provincial privacy regulations, PEAK is responsible for patient confidentiality and for storing all protocol initiation documents in a secure manner. Access to patient information, responder and supervisor interviews, statements and other documentation related to incidents and/or investigations will be limited to the following PEAK personnel:

- Executive Medical Director
- Operations Director
- Quality Assurance Director
- Administrative Assistant
- Medical Direction & Oversight Team

Client organizations are also required to comply with privacy of information regulations and to store information in a secure manner.

PEAK has two policy goals in its data collection and storage role:

- To more effectively meet the needs of patients and responders in the execution of protocols through incident evaluation and education.
- To provide risk management evaluation and quality management services to its client organizations.