

Florida Department of Health,  
Division of Emergency Medical Operations  
Bureau of Emergency Medical Services  
Emergency Medical Review Committee (EMRC)

## **Plan Draft Version 11**

### **Title**

The committee defined in this document will be titled  
**“The Emergency Medical Review Committee (EMRC)”**

### **Authority (from chapter 401.425, Florida Statutes)**

- Emergency medical services quality assurance; immunity from liability.--
- As used in this section, the term "emergency medical review committee" or "committee" means a committee of:
- The department, or employees, agents, or consultants of the department.
- An emergency medical review committee may review and evaluate the professional medical competence of emergency medical technicians and paramedics under the jurisdiction of such committee.

### **Protections (from chapter 401.425, Florida Statutes)**

Emergency medical services quality assurance; immunity from liability.--

(3)(a) There shall be no monetary liability on the part of, and no cause of action shall arise against, any person, including any person acting as a witness, incident reporter to, or investigator for, an emergency medical review committee for any act or proceeding undertaken or performed within the scope of the functions of any emergency medical review committee if such action is taken without intentional fraud or malice.

The provisions of this section shall not affect the provisions of s. 768.28.

Except as provided in subsection (3), this section shall not be construed to confer immunity from liability on any person while performing services other than as a member of an emergency medical review committee, or upon any person acting as a witness, incident reporter to, or investigator for, an emergency medical review committee for any act or proceeding undertaken or performed outside the scope of the functions of such committee.

The records obtained or produced by a committee providing quality assurance activities as described in subsections (1)-(4) are exempt from the provisions of s. 119.07(1) and s. 24(a), Art. I of the State Constitution, and committee proceedings and meetings regarding quality assurance activities are exempt from the provisions of s. 286.011 and s. 24(b), Art. I of the State Constitution. The investigations, proceedings, and records of a committee providing quality

assurance activities as described in subsections (1)-(4) shall not be subject to discovery or introduction into evidence in any civil action or disciplinary proceeding by the department or employing agency arising out of matters which are the subject of evaluation and review by the committee, and no person who was in attendance at a meeting of such committee shall be permitted or required to testify in any such civil action or disciplinary proceeding as to any evidence or other matters produced or presented during the proceedings of such committee or as to any findings, recommendations, evaluations, opinions, or other actions of such committee or any members thereof. However, information, documents, or records provided to the committee from sources external to the committee are not immune from discovery or use in any such civil action or disciplinary proceeding merely because they were presented during proceedings of such committee nor should any person who testifies before a committee or who is a member of such committee be prevented from testifying as to matters within the person's knowledge, but, such witness shall not be asked about his or her testimony before a committee or information obtained from or opinions formed by him or her as a result of participating in activities conducted by a committee.

If the defendant prevails in an action brought by a health care provider against any person who initiated, participated in, was a witness in, or conducted any review as authorized by this section, the court shall award reasonable attorney's fees and costs to the defendant.

## **Purpose**

The EMRC will provide a mechanism for statewide EMS data analysis review for the purpose of statewide quality improvement.

Information provided by EMS agencies throughout Florida will be collected within the Emergency Medical Services Tracking and Reporting System (EMSTARS) database. That information will be queried as directed by the EMRC. The information, after query, will then be statistically analyzed and provided in presentation form to the EMRC. The EMRC will initially identify benchmarks for the Florida EMS Community. These benchmarks will be provided to the Quality assurance program identified by each EMS provider for review and comment.

Following on the benchmark work, the EMRC will focus upon identifying the relevant factors that will reveal medical quality trends and promote analysis thereof. Each quarter will have an assigned topic, as identified in the previous meeting of the EMRC. The topic chosen by the EMRC for the upcoming quarterly meeting will be provided to the EMS community in the first FLEMMSCOM distribution after the closing of the quarterly EMRC meeting where the topic was chosen. The upcoming topic will also be included in the level 1 and level 2 reports identified later in this plan.

In addition, the EMRC will provide support to the EMS Advisory Committee or other strategic plan oversight team to develop/identify benchmarks that will be incorporated into a comprehensive statewide plan.

Data collected may be compared by state region (rural/urban, RDSTF regions, etc.), provider type (ALS Transport, ALS non-transport, prehospital rotor wing, etc.), and other reasonable comparative capabilities.

## **Examples of possible report topics (these are only examples)**

Patient Contact to initial defibrillation

Aspirin administration to Acute Coronary Syndrome patients, as directed by local protocol.

Return of Spontaneous Circulation as associated with Witnessed Sudden Cardiac Arrest

Intubation Success Rates

O2 application (What percentage of patients received O2)

## **Reporting**

The Bureau's EMS data unit will produce two levels of reports, after receiving input from the EMRC. Please note, the EMRC will not be able to identify the provider being reviewed; only the Bureau's data unit will have that specific information, see alpha-numeric coding in the implementation section below:

Level 1 – will be an exempt report that will be delivered solely to the party for which it was created. These reports will identify a particular agency's strengths, capabilities, and areas for improvement. Level 1 reports are considered communication within EMS emergency medical review committees and therefore exempt from public record and will not be available to anyone other than the intended recipient.

Level 2 – will be a publicly available document that is published quarterly. The Level 2 reports will provide aggregated, statewide benchmarks. These reports will identify the capabilities of EMS as a State and will not identify any particular agency without written authorization from that agency. There may be a case where one particular agency is exceptional in one area of EMS. This is the type of agency specific information that may be included, with the agencies written permission.

Both of the above reports will include the topics chosen for discussion and analysis at the next meeting of the EMRC.

The topics chosen for the upcoming EMRC meeting will also be provided in the first FLEMMSCOM distribution following the EMRC quarterly meeting.

## **Membership**

The EMRC will be made up of the following members.

(Chair) State EMS Medical Director (Ex-Officio)

Bureau of EMS Staff Representative (Ex-Officio)

An EMT, Paramedic, RN, DO, or MD that is currently employed as a Quality Improvement Officer at a licensed EMS provider and is an active member of the Florida Association of EMS Quality Managers.

A clinically active EMT, Paramedic, RN, DO, or MD who is currently employed by a fire based, licensed Florida ALS EMS Provider.

A clinically active EMT, Paramedic, RN, DO, or MD who is currently employed by non-fire based, licensed Florida ALS EMS Provider.

A clinically active Paramedic, RN, DO, or MD who is currently employed by an air ambulance, licensed Florida ALS EMS provider.

A clinically active Paramedic, RN, DO, or MD who is currently employed by a pediatric or neonatal licensed Florida EMS provider.

An at large member.

Each member will be appointed and removed by the Secretary of Health. Absent removal or resignation, each non ex-officio member of the EMRC will serve a term of no more than 4 years.

Each person asked to present, participate, or observe EMRC proceedings will be required to enter into a confidentiality agreement with the department.

## **Schedule**

The EMRC will meet at least quarterly. The meeting times and locations will be at the discretion of the Committee Chair.

Meetings of the EMRC are exempt from the Public Records laws and Sunshine Laws as provided in Chapter 401.425, Florida Statutes.

## **Implementation**

Provide plan information to the EMS community for comments and suggestions.

Provide plan, after receipt of comments, suggestions, and subsequent changes, to the EMS Advisory Council and Bureau Chief for approval.

Advertise for nominees to the committee

Review nominations and appoint new members to the committee.

Advise new members of selection and obtain agreement to participate

Provide a new member orientation at the Bureau, which will include a confidentiality oath, as required for membership.

Present EMRC membership to the EMS Advisory Council as information (Not for voting).

Coordinate inaugural EMRC meeting time, place, and communicate with membership.

Develop Committee Bylaws

Develop agency identity masking by random alphanumeric code. This will allow for agency comparisons without the EMRC membership recognizing the agencies being compared. The random assignment of codes will occur prior to each EMRC meeting; this will provide a fresh code for each quarter.

Begin to utilize the EMRC to provide additional technical, clinical, and administrative oversight for the development of EMSTARS reports and associated analysis tools.

Prepare information from EMSTARS for presentation to the EMRC and solicit improvement suggestions from the membership.

Have EMRC develop the content expectations of both Level 1 and Level 2 reporting.

Have Bureau staff develop and prepare the first edition of both the Level 1 and Level 2 reports, identifying operational and clinical benchmarks for the first 3 years.

Coordinate having an initial meeting prior to EMSTARS startup in July 2008.