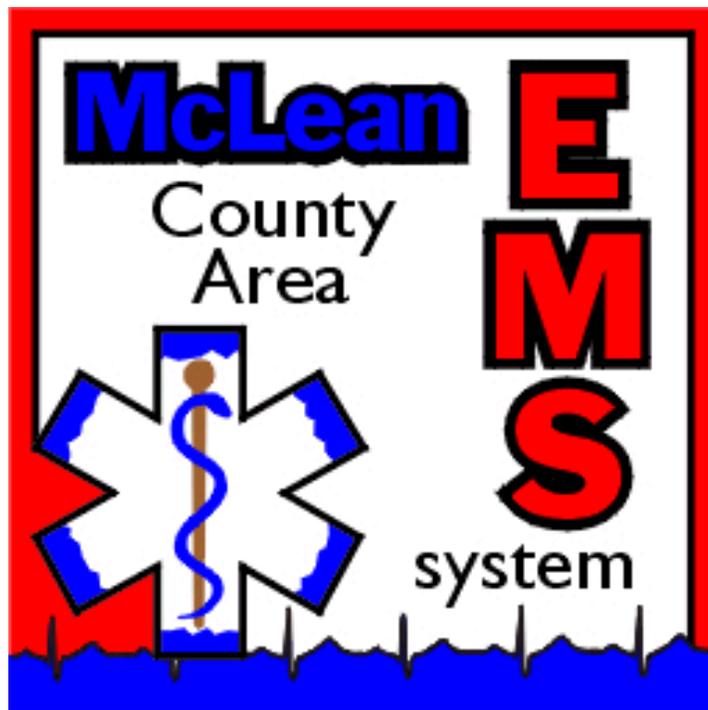


QUALITY ASSURANCE PLAN



1/1/2015

McLean County Area EMS System

Joel Nilles – Medical Director

Doug Ward – Medical Director

Dylan Ferguson – Director

Kris Newcomb – Quality Assurance Coordinator

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INTRODUCTION

This edition supersedes and replaces all previous editions.

In this document, “System” shall refer to the McLean County Area EMS System unless otherwise stated.

Mission Statement

The mission of the McLean County Area EMS System is the provision of effective, safe, cost beneficial, patient-focused, pre-hospital medical and trauma services to those presenting to the EMS System. This mission is accomplished by: pursuing programs focusing on quality improvement; education and training; effective healthcare delivery systems, public education and prevention programs; and developing strong working relationships with other community partners.

Vision Statement

The vision is for the McLean County Area EMS System to be viewed by other local, state, and national EMS programs as visionary and trend-setting in emergency medical services by demonstrating the highest level of care to citizens utilizing cutting edge technology and innovative service delivery models.

Core Values

- Advocacy
- Patient safety
- Competency
- Loyalty
- Integrity
- Honesty
- Commitment

General Information

The McLean County Area EMS (MCAEMS) System is dedicated to providing the patients we serve with the best possible patient care. This can best be accomplished by continuous quality evaluation and improvement. The mission of the System is the provision of effective, safe, cost-beneficial, patient-focused, pre-hospital medical and trauma services to those presenting to the System.

This mission is accomplished by pursuing the goals of providing strong pre-hospital education and training, building upon an already effective health care delivery system and by identifying and resolving potential problem areas which can jeopardize the patient, healthcare provider, or community. The MCAEMS System Quality Assurance Plan is designed to encourage personal and team excellence in patient care while identifying and addressing opportunities for improvement within the system.

While striving for excellence, the EMS System’s quality improvement program focuses on outcome of pre-hospital care as well as treatment and services. This is done through constant evaluation of our policies, standing medical orders, education, and patient care reports. The EMS Quality Assurance Plan recognizes a quality improvement program is an ongoing, dynamic process that takes time to develop and implement.

Purpose and Objectives

The purpose of the System quality assurance program is to promote, enhance, and ensure quality emergency medical care to our community at large. This is accomplished through education and coordination of system activities, personnel and resources as well as through information analysis. The objectives to meet this purpose include:

- To identify trends in out-of-hospital care
- To set performance standards and indicators related to these aspects of care
- To collect and organize data in an attempt to obtain outcome-based information
- To provide feedback and promote training on certain quality issues:
 - Commendations for a job well done
 - Case reviews
 - Counseling on specific issues
 - System approved training
 - Skills evaluations
 - Evidence-based research
- To recognize, reward, and reinforce positive patient care and behavior
- To include all levels of EMS in the quality improvement process

Quality Improvement Philosophy

Quality improvement is the responsibility of all individuals and agencies affiliated with the system. Self-reporting of quality issues and opportunities for improvement is the most efficient, effective, and ethical manner to achieve quality. Continuous self-review and improvement is desirable and admirable. It is recognized greater results can be gained by improving whole processes rather than blaming individuals when desirable care is not achieved. Thus, system processes and systemic environment shall be evaluated first when quality issues arise. When quality issues arise with individual providers in the system, positive remediation shall be emphasized over punitive actions when appropriate.

Quality Assurance Components

The components of the Quality Assurance Plan are directed at assuring competency of the EMS provider and evaluating the appropriateness and effectiveness of patient care provided in the pre-hospital setting. Utilizing these components facilitates improving the quality of patient care by recognizing and rewarding high standards of care, identifying and resolving patient care deficiencies, and identifying educational needs.

Components of the MCAEMS System Quality Assurance Plan include:

- System leadership and medical control
- Protocol development
- Case reviews
- Communications and reporting
- NEMSIS compliance
- Data collection
- Quality indicators
- Peer review and quality training
- Controlled substance accountability
- Vehicle inspections

- CLIA compliance
- Disciplinary action and system suspensions
- Infection control

General Provisions

The MCAEMS System Director and/or Quality Assurance Coordinator may:

- Respond directly to EMS scenes within the System to monitor the quality of patient care.
- Schedule 3rd person observation time to monitor patient care.
- Inspect EMS vehicles, equipment, and documentation (to include, but not limited to controlled substance logs/documents) at any time.

SYSTEM LEADERSHIP AND MEDICAL CONTROL

Administrative Board

The EMS Administrative Board, consisting of the System Medical Director and the EMS administrators from both Advocate BroMenn Medical Center and OSF St. Joseph Medical Center, provides oversight for the MCAEMS System including ultimate responsibility for quality of care, treatment, and services provided through the System. Working with the System Director, the EMS administrative board assures the appropriate direction, provision of resources, and education needed for an effective quality improvement program. The EMS administrative board is kept informed of all appropriate quality improvement activities through the MCAEMS System Quality Assurance Coordinator and the Quality Council, and when necessary, acts upon issues critical to patient care and safety.

Medical Control

The System Medical Director provides medical oversight of the EMS System. This includes both direct and indirect medical oversight. The EMS Medical Director or designee (state licensed and **system approved** ECRN or the emergency department physician on duty) provides direct medical direction and consultation to pre-hospital providers through radio or telephone communications, in accordance with the system protocols, policies, and procedures. This includes orders to give or withhold medications or procedures based on the pre-hospital provider’s assessment. Direction for other high risk areas, such as advanced care directives, pre-hospital deaths, and refusals is also provided. The EMS Medical Director also provides indirect medical control through protocol and policy development, quality assurance and improvement activities, education, and official communications.

The System’s protocols, as well as policies and procedures, are intended to establish the standard of care which is expected of all MCAEMS System providers. These protocols reflect nationally recommended treatment modalities for providing patient care in the pre-hospital setting.

All radio or telephone pre-hospital reports and corresponding logs are recorded and stored at the resource hospital for a minimum of seven years. Records shall be maintained for longer periods if an investigation and/or litigation is pending.

Quality Council

The System Quality Council is the system’s quality improvement coordinating group. The Quality Council assures implementation of the quality improvement program through the oversight of the Quality Assurance Plan. The Quality Council may implement quality improvement activities for provider agencies within the system. The quality council may establish standing, temporary, and ad-hoc subcommittees to address issues which cross agency, jurisdictional, and/or discipline boundaries. The Quality Council shall have the responsibility for outlining priorities, developing plans, and allocating resources to support the improvement of quality and safety within the system. The Medical Director may appoint individuals to the Quality Council as he/she deems necessary. The Quality Council serves in an advisory role to the EMS Medical Director.

Quality Council Membership

Community of Interest	Member
Medical Director	Doug Ward

Medical Director	Joel Nilles
EMS Director	Dylan Ferguson
Quality Assurance Coordinator	Kris Newcomb
Critical Care Agency	Karen Krug
Advanced (ILS/ALS) Agency	BFD EMS Supervisor
Advanced (ILS/ALS) Agency	Doug Barnett (NFD)
BLS Agency	Vacant
BLS Agency	Vacant
First Responder Agency	Vacant
METCOM (EMD)	Representation Varies
Bloomington Dispatch (EMD)	Darren Wolfe
SJMC Trauma Coordinator	Michelle Smith
ABMC Trauma Coordinator	Lori Ritter
SJMC ECRN	Courtney Button
ABMC ECRN	Vacant

NOTE: Please reference the resource hospital or system website for the most current membership. Membership is current as of publication of this plan.

Executive Committee of the Quality Council

The Executive Committee of the Quality Council shall consist of the EMS Medical Director, Alternate EMS Medical Director, EMS Director, and EMS Quality Assurance Coordinator. The Executive Committee shall address the day-to-day operations of the quality program as well as time-sensitive quality and safety issues.

Quality Assurance Coordinator

The MCAEMS System Quality Assurance Coordinator, along with system staff, shall provide support to the Quality Council in providing oversight and direction for implementation of the quality improvement program. The quality assurance coordinator assists with staff education and the coordination of quality improvement activities throughout the EMS system, including quality measurement, data analysis, project planning and implementation, and annual evaluation of the quality improvement program's effectiveness.

System Providers

The System shall promote an environment that fosters cooperation across all providers and disciplines, and sets expectations relevant to quality and quality improvement. Every System provider member is encouraged to identify opportunities to improve quality and safety. Providers are expected to maintain current knowledge of system policy, procedure, and protocols. Further, all providers shall comply with and actively participate in agency and system efforts to improve quality.

PROTOCOL DEVELOPMENT

Protocol development, like medical science, is an ever-changing process. The process of protocol development looks at patient outcomes and evidence-based research to provide a standard of care for the treatment of patients in the pre-hospital setting. The Medical Director provides ultimate direction for protocol development. Protocols should reflect recent advances in pre-hospital care and be constantly reviewed and revised. Quality improvement uses protocol development to obtain high standards in patient care and to provide a standard in which to evaluate the care rendered to pre-hospital patients. When a problem is encountered through quality reviews, the protocols are reviewed to see if there is a way to revise them to prevent future deviations in care and reduce errors.

CASE REVIEWS

Case reviews are a valuable tool in the quality assurance process. Case reviews or a related activity shall be included in monthly education sessions prepared by the System. Case reviews are open to all affiliated pre-hospital care providers, dispatchers, and emergency department personnel. The purpose of case reviews is to review pre-hospital calls for educational purposes. Case reviews shall be redacted to the greatest extent possible to protect the patient's privacy, as well as the identity of the involved providers and agencies. Case reviews prepared by the System shall be utilized only by persons explicitly authorized by the MCAEMS System. Using System-prepared materials for activities not explicitly approved by the MCAEMS System Director constitutes a violation of this mandate.

COMMUNICATION AND REPORTING

Communication is an important aspect of quality improvement. Communication is the link between the activities of the Quality Assurance Coordinator, the EMS System Office, Quality Council, Hospitals, EMS Agencies, and the providers themselves. Communication also provides feedback to the EMS providers on the care they perform.

The System sends memos and bulletins to agency contact persons on a regular basis to be distributed to the agency members. When there is an individual quality issue, communication will be routed through the agency quality contact to disseminate to the involved provider(s). Thus, it is imperative for agencies to keep their contact information current with the System.

The EMS Administrative Board, System Medical Director, and System Director shall be kept informed of any quality issues uncovered or brought to the attention of the Quality Assurance Coordinator and may request information at any time.

EMS agencies and providers will be made aware of general quality issues through their Quality Council representatives, affiliate meetings, educational sessions, and/or quality memos. Further, providers are expected to routinely check the System website (www.mcleancountyareaems.org) for updates and information.

Providers are expected to report quality issues and opportunities for improvement to the Quality Assurance Coordinator through the use of System-approved forms.

NEMSIS COMPLIANCE

The National EMS Information System (NEMSIS) is a national effort to standardize the data collected by EMS agencies. Participation in NEMSIS data submission activities is mandatory in the State of Illinois.

Agencies shall be responsible for submitting NEMSIS data directly to the state for all calls originating on or after 0000 July 1, 2014. Agencies must submit to a validation process through EMS Data Systems prior to being approved for submission.

Agencies shall submit their NEMSIS data directly to the state at least quarterly. Once the state has accepted 100% of the data for the quarter, the agency shall provide documentation to the System verifying this status. Agencies that fail to submit NEMSIS data in a timely fashion to state authorities (or fail to provide verification documentation to the System) may be subject to state sanctions and/or System action.

DATA COLLECTION

ePCR Vendor/Supplier

Transporting agencies shall have the liberty to choose any vendor meeting NEMSIS-gold and Illinois-NEMSIS standards for their electronic patient care reporting (ePCR) requirements. Transporting agencies shall notify the System with the name and NEMSIS-status of their ePCR vendor. All transporting providers shall utilize an electronic reporting mechanism on or before July 1, 2014. Non-transporting providers are not required to utilize an electronic vendor, but may choose to do so.

Chart Submission to EMS Office

All transporting providers shall provide all ePCR charts to the System office. This can be accomplished through two mechanisms:

- Granting access to the ePCRs through electronic means/login
- Submission of PDF charts via portable media and/or secure online transfer service (such as Hightail). Attachments to email shall not be utilized to fulfil this mandate.

Non-transporting providers shall provide documentation of the call to the System within 24 hours¹. This shall be achieved through fax.

Refusals

Agencies shall submit refusals to the System at least quarterly. This shall be accomplished through the same mechanisms listed for chart submission, with the additional option of hand delivering or mailing the forms.

¹ 77 Ill. Adm. Code 515.350(b)

QUALITY INDICATORS

A minimum of five quality indicators for each level of provider will be developed and evaluated with routine chart reviews from each agency. These indicators will reflect priorities that the EMS Quality Assurance Coordinator, Medical Director, System Director, and EMS Education Coordinator have identified. The following items are taken into account when identifying quality indicators for the System:

- New medications, procedures or protocols in the System
- Identified concerns and/or opportunities for improvement discovered through previous QI/QA activities
- High-risk procedures

Each quality indicator identified will include an applicable dimension from the following:

- Timeliness
- Appropriateness
- Effectiveness
- Efficiency
- Cost effectiveness

The quality indicators will also include a threshold goal (minimum expected percentage), a target goal (desired percentage of compliance) and a stretch/outstanding goal. The quality indicators will be written in a positive format, (i.e. successful intubations out of all attempts).

Agency Responsibilities

To facilitate timely evaluation of quality indicators, agencies will be responsible for monthly reporting of applicable quality indicators to the System. In exchange, system-wide results will be shared with agencies. At no time will identifiable individual agency performance be shared with other agencies.

Quality indicator definitions will be posted on the System website.

PEER REVIEW AND QUALITY TRAINING

Peer Review

Peer review is a way EMS personnel can review the patient care reports of their peers. The purpose of peer review is to evaluate the documentation on calls as well as protocol implementation. This is also an educational tool for EMS personnel to learn from each other. It will be left up to each agency to determine the amount of peer review to be done each month within their agency. Forms are available to assist agencies and individuals with peer review and will be available on the System website.

Quality Training

A training program shall be developed by the System office to educate providers and agencies on the basic principles of quality, peer review, and continuous improvement. This course will be taught on at least an annual basis at the System office or other location as deemed appropriate by the System Director.

The course shall discuss:

- Basic tenets of quality and continuous improvement
- Basic statistical techniques to appropriately compare quality indicators across peer groups
- Use of standardized forms to aid in the quality process
- Legal and ethical requirements for provider and patient privacy
- Other topics as deemed appropriate by System leadership

CONTROLLED SUBSTANCE ACCOUNTABILITY

Documentation Requirements

All use, storage, and accountability of controlled substances shall be in accordance with the *System Controlled Substance Policy*. These documents and logs must be current at all times. Controlled substance documentation and logs must be provided to System officials on demand.

Inspections

The MCAEMS System Medical Director, Director, and/or Quality Assurance coordinator may, at any time, physically inspect controlled substances in possession of agencies.

VEHICLE INSPECTIONS

Vehicle Renewals

Vehicle inspections are required each year in order to obtain renewal of the agency/vehicle license. Agencies in the System are expected to follow IDPH equipment guidelines and meet all applicable System requirements as well.

Ambulance inspections are done by the System Director or his/her designee in conjunction with the IDPH. Agencies are notified in advance of the inspection date and time and are expected to have an agency representative familiar with ambulance equipment arrangement available on site for the appointment. Any necessary re-inspections will be unannounced. Failure to make corrections noted by either IDPH or the System could result in disciplinary action, including suspension from the System.

New Vehicles

New or additional vehicles require IDPH and System inspection prior to being placed into service. At no time shall any vehicle be placed into service that has not been inspected and approved by IDPH and the System.

Fees

Ambulance fees are set by and collected by the Illinois Department of Public Health. The System does not charge a vehicle licensing fee. Section 515.800 specifies the current fees charged by IDPH. AGENCIES SHOULD NOT SEND THEIR VEHICLE LICENSING FEES TO THE SYSTEM OFFICE. Fees should be submitted to IDPH at least 60 days, but no more than 90 days prior to the license expiration.

Ongoing Inspections

The System Medical Director, the System Director, the Quality Assurance Coordinator, or other authorized System official reserves the right to inspect an ambulance or EMS vehicle affiliated with the system at any time. EMS vehicles shall be in compliance with System and IDPH requirements at all times in regards to, but not limited to, supplies and documentation requirements.

Waivers

Any requests to waive IDPH requirements must be submitted on the appropriate form. These include the following:

- Ambulance Staffing Waiver Request Form
- Equipment/Vehicle Waiver Request Form

Requests must be submitted on the appropriate form to the System office for System Medical Director approval. Once the Medical Director has approved the waiver, the request will be forwarded to IDPH. The provider will be notified of IDPH's decision to approve or deny the request. The maximum waiver length is one year.

CLIA COMPLIANCE

The Clinical Laboratory Improvement Amendments (CLIA) regulates all medical laboratory testing performed on humans.

As outlined in the system Policy Manual, agencies are required to verify competency of each provider on each glucometer make/model in service with the agency at least once every 12 months. Further, agencies are required to perform routine maintenance and quality control checks in accordance with manufacturer recommendations. These should be performed at a minimum of monthly unless specified otherwise by the manufacturer. Records of training and maintenance/quality control checks must be presented to system office personnel and/or regulatory agencies as requested. The system may perform random and unannounced inspections of training logs, maintenance/quality control logs, and glucometers.

DISCIPLINARY ACTION AND SYSTEM SUSPENSIONS

Pre-hospital patient care is very dynamic and many variables exist with each EMS run. As such, the “perfect” EMS call simply does not exist. Coaching and/or remediation related to all aspects of pre-hospital care is intended to assist the EMS provider in improving cognitive knowledge, psychomotor skills, and/or affective behavior in their interactions with patients, family members and other caregivers.

Cases are reviewed by the System Quality Assurance Coordinator in conjunction with the System Director and Medical Director. The EMS provider will be given the opportunity to discuss deviations from protocol, deviations from standard of care or issues dealing with the provider’s behavior with the Medical Director or his designee. A Performance Improvement Plan will be developed by the EMS provider in conjunction with the Quality Assurance Coordinator. The Medical Director will have the ultimate decision in the course of action for the provider. The circumstances listed below are not to be considered exhaustive. Providers and agencies are encouraged to review Sections 515.420 and 515.440 of the Emergency Medical Services and Trauma Center Code.

Guidelines for Disciplinary Action

Although the focus of the System Quality Assurance Plan is improvement, disciplinary action may be utilized in certain circumstances. These circumstances include, but are not limited to:

- Indifference on the part of the individual provider regarding remedial activities aimed at quality improvement.
- Engaging in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud, or harm the public. This includes, but is not limited to:
 - Intentional falsification of documentation.
 - Conscious effort to conceal serious errors.
 - Patient abandonment, neglect, or abuse.
 - Discrimination in rendering emergency care based on (including, but not limited to) race, gender, creed, religion, national origin, sexual orientation, veteran status, or ability to pay.
 - Use of intoxicating agents, controlled substances, or other drugs in a manner that adversely affects the individual provider’s duties.
 - Removal of controlled substances, non-controlled substance drugs or equipment from the ambulance, EMS vehicle, EMS stock, hospital, healthcare facility, or other workplace location
- Continued disregard for System protocols, policies, and/or procedures.
- A pattern of medical incompetence in the provision of emergency care.
- Physical or mental impairment to the extent that the individual provider cannot physically perform emergency or cannot exercise appropriate judgment, skill, and safety in performing emergency care.
- The System Medical Director has sufficient reason to believe the EMS provider poses an imminent hazard to the public, provider, or the System in general.

Disciplinary Action Levels

The level of disciplinary action taken is at the discretion of the System Medical Director. This may include, but is not limited to, any of the following:

- Verbal Warning – The EMS Medical Director or designee shall inform the individual of reported misconduct, discuss means of correction and inform the individual of the consequences, if the misconduct is not corrected. Documentation of this conference will be placed in the individual’s file.

- Written Warning – The EMS Medical Director or designee shall inform the individual in writing about the misconduct. The individual shall be requested to complete a Performance Improvement Plan in conjunction with the Quality Assurance Coordinator and/or EMS Coordinator and Medical Director. This Performance Improvement Plan will be signed by all involved parties and will serve as a written warning in the individual's file.
- Suspension – System Suspension shall follow the written warning in instances where the individual has failed to correct medical misconduct in the allotted time. Per Section 515.420 of the Illinois Administrative Code, an EMS Medical Director may suspend from participation within the System any individual, individual provider or other participant considered not to be meeting the requirements of the Program Plan of that approved EMS System². Further, the Medical Director may immediately suspend an individual, individual provider or other participant if he or she finds that the information in his or her possession indicates that the continuation in practice by an EMT or other provider would constitute an imminent danger to the public³. The suspended EMT or other provider shall be issued an immediate verbal notification followed by a written suspension order to the EMT or other provider by the EMS Medical Director which states the length, terms, and basis for the suspension.

At the discretion of the System, some cases may be referred to the individual's training officer and/or supervisor for discussion. They will then follow-up with the System regarding the outcome of the discussion and, if needed, plan for improvement.

All cases shall be documented. Any pertinent information including, but not limited to e-mails, incident reports, patient care reports, and letters will be included in the investigation file.

Except in extreme circumstances, judgment as to the competence of a specific EMS provider should be evaluated on a number of cases and not a single isolated case. Investigations shall remain confidential and information therein gathered shall be shared only with individuals and entities (and only to the extent necessary) integral to the investigation process.

System Suspension Due Process

In accordance with Section 515.420 of the Illinois Administrative Code:

1. The System Medical Director shall provide the individual, individual provider, or other participant with a written explanation of the reason for the suspension; the terms, length and condition of the suspension; and the date the suspension will commence, unless a hearing is requested⁴.
2. The suspended participant shall have 15 days from the date of receipt of the written notice to request a review of the suspension by the Local System Review Board prior to suspension. Failure to request a review of the suspension within fifteen (15) days shall constitute a waiver of the right to a Local System Review Board hearing.
3. The Resource Hospital shall designate a Local System Review Board consisting of at least three (3) members:
 - a. One of whom is an Emergency Department physician with knowledge of EMS.
 - b. One of whom is an EMT.

² 77 Ill. Adm. Code 515.420(a)

³ 77 Ill. Adm. Code 515.420(l)

⁴ Except as allowed under 77 Ill. Adm. Code 515.420(l)

- c. One of whom is of the same professional category as the participant requesting the hearing.
4. The System Medical Director shall prepare and post the Local System Review Board list in a 24-hour accessible location (This list can be found posted near the emergency radio of the current Resource Hospital as well as on the system website).
5. The hearing shall commence as soon as possible but at least within twenty-one (21) days after receipt of a written request.
6. The System Medical Director shall arrange for a certified shorthand reporter to make a stenographic record of the hearing and thereafter prepare a transcript of the proceedings. The suspended provider will be responsible for 50% of the cost.
7. The transcript, all documents or materials received as evidence during the hearing, and the Local System Review Board's written decision shall be retained in the custody of the System.
8. The System shall implement a decision of the Local System Review Board unless that decision has been appealed to the State Emergency Medical Service Disciplinary Review Board.
9. The Local System Review Board shall state in writing its decision to affirm, modify or reverse the suspension order. Such decision shall be sent via certified mail or personal service within five (5) business days after the conclusion of the hearing to the System Medical Director and the participant who requested the hearing.
10. The System Medical Director shall notify IDPH, in writing, within five (5) business days after the Local System Review Board's decision to either uphold, modify, or reverse the EMS Medical Director's suspension of an individual, individual provider, or participant. The notice shall include a statement detailing the duration and grounds for suspension, if upheld, modified or reversed.
11. If the Local System Review Board affirms or modifies the System Medical Director's suspension order, the participant shall have the opportunity for review of the Local System Review Board's decision by the State EMS Disciplinary Review Board.
12. If the Local System Review Board reverses or modifies the System Medical Director's suspension order, the EMS Medical Director shall have the opportunity for review of the Local Board's decision by the State EMS Disciplinary Review Board.
13. Requests for review by the State EMS Disciplinary Review Board shall be submitted in writing to the Chief of the Department's Division of Emergency Medical Services and Highway Safety, within 10 days after receiving the Local Board's decision or the EMS Medical Director's suspension order, whichever is applicable. A copy of the Board's decision or the suspension order shall be enclosed.
14. The System Medical Director may immediately suspend an individual, individual provider or other participant if he or she finds that the information in his or her possession indicates that the continuation in practice by an EMT or other provider would constitute an imminent danger to the public. The suspended EMT or other provider shall be issued an immediate verbal notification followed by a written suspension order to the EMT or other provider by the System Medical Director which states the length, terms and basis for the suspension.
 - a. Within 24 hours following the commencement of the suspension, the System Medical Director shall deliver to the Department, by messenger or telefax, a copy of the suspension order and copies of any written materials which relate to the System Medical Director's decision to suspend the EMT or provider.

- b. Within 24 hours following the commencement of the suspension, the suspended EMT or provider may deliver to the Department, by messenger or telefax, a written response to the suspension order and copies of any written materials which the EMT or provider feels relate to that response.
- c. Within 24 hours following receipt of the System Medical Director's suspension order or the EMT's or provider's written response, whichever is later, the Director or the Director's designee shall determine whether the suspension should be stayed pending the EMT's or provider's opportunity for hearing or review in accordance with the Act, or whether the suspension should continue during the course of that hearing or review. The Director or the Director's designee shall issue this determination to the System Medical Director, who shall immediately notify the suspended EMT or provider. The suspension shall remain in effect during this period of review by the Director or the Director's designee.

Local System Review Board Membership

In compliance with 77 Ill. Adm. Code 515.420(d), listed below is the McLean County Area EMS System Local Review Board members. The MCAEMS System will utilize a three (3) member system review board.

The System Medical Director shall appoint an Emergency Department Physician from within the McLean County Area EMS System who is not the Medical Director. Two other voting members, one of which will also function as chairperson, shall be designated via a pre-determined list provided by the Resource Hospital.

The list shall consist of the names of two providers in each provider category. If the requesting party has objections to the list or a potential conflict of interest exists, then the Resource Hospital shall develop an alternate list at the time of the objection or conflict.

The System Review Board list will be reviewed in January each year. In the event a board member no longer wishes to participate during that year, he or she will be removed from the list and an immediate replacement will be appointed by the EMS Office.

Category	Member
First Responder	Nelson Thorp
	Earl Jiles
EMT-Basic	Tom Willan
	Brenda McCallister
EMT-Intermediate	Carl Reeb
	Mike Dennis
EMT-Paramedic	Rodney Williams
	Mark Doty
PHRN	Bob Beal
	Jason Burnett
ECRN	Lori Ritter
	Kelly Hackman
	Jan Racine

EMD	TBD
	TBD
Physician	TBD
	TBD

NOTE: Please reference the resource hospital or system website for the most current membership. Membership is current as of publication of this plan.

INFECTION CONTROL

All provider agencies in the System shall have a specific infection control and exposure prevention program in place. In addition, a post exposure (follow-up) plan shall be in place at each agency. This plan shall meet and be in accordance with any applicable government regulatory mandates.

Providers in the System should report any significant exposure that occurs in the performance of their duties to his/her agency's appointed Infection Control Officer. Providers and agencies should reference the System's *Infectious Disease Policy* for further guidance. The EMS Office, at the discretion and direction of the System Medical Director, will provide assistance as needed to assure appropriate follow up for the provider.