Appendixes

EMS QA/QI PROGRAM

I. GENERAL GUIDELINES

A. The EMS System shall maintain a system-wide Quality Assurance and Quality Improvement program to monitor, review, evaluate and improve the delivery of pre-hospital care services. The program shall involve all system participants and shall include, but not limited to the following activities:

1. Prospective – designed to prevent potential problems.
2. Concurrent – designed to identify problems or potential problems during patient care.
3. Retrospective – designed to identify potential or known problems and prevent their recurrence.
4. Reporting/Feedback – system agencies will be advised accordingly as to findings. As a result of QA/QI activities changes in system policies & procedures may change.

B. EMS System QA/QI information shall be collected and compiled by members of the Resource Hospital and sources outside the Resource Hospital as deemed necessary. Staff collecting information shall at a minimum be the EMS Coordinator, EMS Educator, EMS Medical Director and those deemed necessary.

1. The System PCR data shall be utilized.
2. QA/QI collection tools shall be utilized.
3. All proceedings and contents of QA/QI are confidential and protected from disclosure by the Medical Studies Act.
4. EMS Patient/System data transmitted or conveyed to or from EMS providers is for the purpose of analysis in QA/QI.
5. All System QA/QI data collected shall be collected and stored in System.
6. QA/QI shall be expressly disseminated to those agencies within the System that the collection of data would be relevant.
7. QA/QI shall be expressly disseminated to those agencies or committees that the EMS System deems necessary.

C. Each System Provider, Resource, Associate and Participating Hospital data may be utilized.

D. Appropriate revisions shall be made by EMS as needed.

E. QA/QI shall be an ongoing project.

II. EMS System

A. Prospective:

1. Comply with Federal and State regulations as they pertain to EMS.
2. Plan, implement and evaluate the EMS system.
3. Approve and monitor all EMS training programs.

4. Certify/License pre-hospital personnel where applicable.
5. Establish policies and procedures to assure medical control, which may include, but not be limited to, dispatch, first responders, BLS, ILS, ALS (non-transport & transport) destination, patient care guidelines and QA/QI.
6. Facilitate involvement by system providers into the QA/QI process.
7. Design evaluation tools for reporting QA/QI problems.
8. Design report to notify agencies of findings.
9. Design follow-up reports.
10. Approve standardized corrective action plans for isolated and trend deficiencies within the System.

B. Concurrent:

1. Site visits to monitor and evaluate EMS providers.
2. Make inspections as required & appropriate of vehicles and equipment.
3. On-line medical control when appropriate or required.

C. Retrospective:

1. Evaluate system providers for retrospective analysis of pre-hospital care.
2. Evaluate identified trends in the standard of care delivered in the system.
3. Develop process for the review of gathered data of pre-hospital personnel.
4. Monitor and evaluate the resolution process.

D. Reporting/Feedback:

1. Evaluate data submitted from system participants and make changes in the system plan as needed.
2. Provide feedback to system providers when applicable or when requested about specific issues.
3. Design monthly/quarterly statistics forms to be sent to System providers.
4. Provide QA/QI studies to all pertinent committees for interpretation.
   - IDPH
   - System Hospitals
5. Use of *RUN REPORT* newsletter for information feedback
6. Use of internet site.

III. ASSOCIATE HOSPITALS:

A. Prospective:

1. Participate in committees, as requested by EMS System.
2. Education:
   a. Provide field care audits.
   b. Provide CE activities to further the knowledge base of personnel.
   c. Offer educational programs based on problem identification and trend analysis.
   d. Participate in certification courses and the training of pre-hospital care providers.
   e. Establish procedures for information distribution.
   f. Establish criteria for supervised clinical experiences.
3. Evaluation:

   Develop criteria for evaluation of personnel to include, but not be limited to:

   a. ECRN logs/tape review.
   b. New ECRN's.
   c. Physician adherence of protocols.
   d. Routine audits / reviews.
   e. Problem oriented cases.
   f. Plan for deficiencies.
4. Certification:

   Adhere to Policies and Procedures pertaining to ECRN's training.

   a. Initial training
   b. Con Ed

B. Concurrent Activities:

1. Provide on-line medical control for EMS providers.
2. Develop procedures for identifying problem calls.
3. Conduct medical control according to policies & procedures.
4. Develop procedure for obtaining patient follow-up information.
5. Develop performance standards for evaluating the quality of on-line Medical control delivered by ECRN's and Physicians.

C. Retrospective Analysis:

1. Develop a process for retrospective analysis of pre-hospital care and direction utilizing the IPCR, audio tape, ECRN record and patient follow-up, to include, but not limited to:

    a. High Risk.

    b. High volume.

    c. Problem oriented calls.

    d. Calls requested to be reviewed by System.

    e. Specific audit topics as established & specified by System.

2. Develop performance standards for evaluating the quality of medical control delivered by the ECRN's & Physicians through retrospective analysis.

3. Comply with reporting and other QA/QI requirements as specified.

D. Reporting / Feedback:

1. Develop a process for identifying trends in the quality of medical control delivered by Pre-hospital personnel, ECRN's and Physicians.

    a. Report as specified by System.

    b. Design and participate in educational offerings based on problem identification and trend analysis within your geographic region as well as within the System.

    c. Make approved changes in internal policies and procedures based on QA/QI analysis.

    d. Report to ECRN's & Physicians finding's identified by QA/QI analysis.

    e. Develop means of tracking updated information dissemination.

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MEDICAL STUDIES ACT.

EMS QA/QI TOOL
GENERAL DISCREPENCY

This form is to document problems that allow us to improve patient care and/or identify SAMIC System problems. Please provide as much detail as possible

Date: _____ Run Number: _____ Pt. Age: _____

Agency involved: _____

Personnel involved: _____

Patient disposition on ED discharge: _____

Problem: _____

_____

_____

_____

_____

Printed Name: _____ Signature: _____

Response: _____

_____

_____

_____

_____

Printed Name: _____ Signature: _____

Route/Initial: _____ EMS Coordinator _____ EMS Educator _____ ED

_____ Associate Hospital _____ Medical Director _____ Provider

Return to EMS by: / / Returned: / /

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EMS QA/QI TOOL
CARDIAC ARREST PATIENTS

Date: _____ Run Number: _____ Pt. Age: _____

How call dispatched: _____ Final ED disposition: _____

Time to scene: _____ Tine on scene: _____ Time to transport: _____

TREATMENT PRIOR TO ALS OR PRIMARY PROVIDER

☐ FR ☐ BLS ☐ EMT-I ☐ other ALS ☐ other _____

OXYGEN AND INTUBATION

☐ Documented oxygen ☐ Pt. Intubated ☐ EGTA # Attempts _____ ☐ documented confirmation

How: _____

Agency inserted by: _____ ETT status upon ED arrival: _____

IV INSERTION

☐ Successful ☐ Unsuccessful # Attempts _____ ☐ Peripheral ☐ EJ ☐ Other _____

Agency inserted by: _____

MEDICATION ADMINISTRATION

Medication used: ☐ YES ☐ NO Route given: ☐ IVP ☐ ETT ☐ Drip ☐ Rectal ☐ Drops

Dosage given documented: ☐ YES ☐ NO _____

Agency given by: _____

DOCUMENTATION

Complete: ☐ YES ☐ NO ☐ Attached strips If no why: _____

_____

Appropriate: ☐ YES ☐ NO If no why: _____

_____

COMMENTS: _____

_____

Route/Initial: Provider _____ EMS MD _____ ED _____ EMS Coord _____ EMS Educ _____

Return to EMS by: / / Returned: / / ☐ Good Job - Kudos

Agency comments: _____

_____

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EMS QA/QI TOOL
PEDIATRIC PATIENTS

Date of Call: _____ Age of Patient: _____ Run Number: _____

Agency Involved: _____ Nature of Call: _____

Patient disposition on ED discharge: _____

Vital Signs Review

Vitals: Pulse ___ Resp. ____ B/P ____/____ Pulse ox ____

If vitals not taken was reason explained in narrative?_____

Medication Administration

IVP ☐ IO ☐ ETT ☐ IM ☐ Rectal ☐

Method to calculate dosage: _____

Oxygenation & Intubation

Oxygen used: Yes No Delivery device: _____

Indication for Intubation: _____

Successful ☐ Unsuccessful ☐ # of Intubation attempts: _____

Indicate Tube Placement Confirmation Method (indicate two):

Auscultation ☐ CO2 Detector ☐ Electronic CO2 Detection Device ☐

Method of Securing Tube: Commercial Device ☐ Gauze Roll ☐ Tape ☐ Other: _____

Was ET Tube In Place on Arrival At The ED Yes No

If intubation was unsuccessful, explain method of airway control._____

IV & Interosseous

Was IV established: Yes No # Attempts: _____ Gauge: _____

Fluids used: _____ Amount: _____

Indication for IO access: _____

Size of IO needle used _____ Site of IO access _____

Was IO access patent on arrival At The ED? Yes No

Documentation

Complete: Yes No Appropriate: Yes No Parent/Guardian notified: Yes No

If No, why: _____

_____

Additional Comments: _____

_____

_____

_____

Pre-hospital Comments

_____

_____

_____

_____

This Review Conducted by: _____ **Date:** _____

Resource Associate Participating Hospital: _____

Those checked below, please review and return to EMS Office by ____/ / ____.

Route/initials: Provider/EMT☐ _____ EMS Coordinator ☐ ____ EMS MD☐ _____ ED☐ ____

Associate EMS Coordinator ☐ ____ Associate EMS MD ☐ ____

Date returned to EMS office __/__/__

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EMS QA/QI TOOL
TRAUMA

Date: IPCR#

Patient Name: Call Location:

Agency: EMS Crew:

Type of Trauma: _____ Level: ___ I ___ II ___ Consult

Patient disposition on ED discharge: _____

This incident is being returned for review or further explanation for the following reason(s):

☐ Scene time over 20 minutes _____

☐ Airway concern (Inc. Needle decomp) _____

☐ IV access/attempts _____

☐ Spinal Immobilization _____

☐ Documentation _____

☐ Other _____

Referred by: ☐ Trauma QA review ☐ EMS Medical Director ☐ Other _____

Return to your EMS Resource Hospital no later than: / /

EMS Agency explanation: (use back or attach additional sheets if necessary)

_____

_____

_____

_____

Route/Initial: _____ EMS Coord _____ EMS MD _____ ED

_____ EMS Educ _____ Provider _____ Other

Return to EMS Office by: / / Returned: / /

☐ Good Job - Kudos

System Drug List

Adenosine	6mg/2ml
Albuterol	205mg/3ml
Amiodarone	150 ml vial
Baby ASA	81mg
Atropine	16mg/20ml
Atropine	1mg/10ml
Calcium Chloride	1gm/10ml
Dextrose	25gm/50ml
Diastat	10mg rectal gel
Valium	10mg/2ml
Benadryl	50mg/ml
Epi 1:1000	1mg/ml 30ml vial
Epi 1:10000	1mg/10ml
Lasix	20mg/2ml
Lasix	100mg/10ml
Glucagon	1mg/1unit syringe
Lidocaine	100mg/5ml
Mag Sulfate 50%	5gm/10ml
Morphine	4mg syringe
Narcan	2mg/2ml
Nitro tabs	0.4mg
Sodium Bicarbonate	50mEq/50ml
Thiamine	100mg/ml
Toradol	30mg/ml
Vasopressin	20ug/ml
Lidocaine drip	2gm/250ml
Dopamine drip	400mg/250ml

Drips that can be transported on interfacility transfers:

Heparin
Nitro
Potassium
Integrillan

System EMT-B Drug List

Albuterol	205mg/3ml
Baby ASA	81mg
Nitro tabs	0.4mg
Epi Pen	0.3mg

System EMT-I Drug List

Adenosine	6mg/2ml
Albuterol	205mg/3ml
Amiodarone	150 ml vial
Baby ASA	81mg
Atropine	1mg/10ml
Dextrose	25gm/50ml
Epi 1:10,000	1mg/10ml
Lidocaine	100mg/5ml
Narcan	2mg/2ml
Nitro tabs	0.4mg
Vasopressin	20ug/ml