

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: PRE-HOSPITAL QUALITY IMPROVEMENT PROGRAM

POLICY:

The Silver Cross EMS System will be responsible for monitoring its Provider Agencies to ensure the delivery of proper and acceptable patient care for both the adult and pediatric population.

GOALS AND OBJECTIVES

- Establish a mechanism which will allow the System to detect and address deficiencies
- Formulate positive solutions
- Enhance and reinforce the overall quality of performance by System agency providers

I. Ambulance Run Report Form Reviews

A. Methodology

1. One hundred percent (100%) of the System's provider agency's pre-hospital care, ambulance run report form data elements are collected, according to the requirements of the I.D.P.H. All data elements are loaded into a computer database for storage, retrieval, and report generation.
2. Reports will be generated on the pre-hospital care, run report data elements collected by the System, for review and analysis by the EMS Department and System provider agencies.
3. Reviews of field skill performances, successful vs. unsuccessful attempts at advanced skills, adequate documentation, and the objective evaluation of appropriateness of pre-hospital patient care will be conducted according to criteria and Standing Medical Orders as stipulated by the System and the EMS Medical Director.
4. In addition to 1 through 3, each month, each System agency will complete peer run reviews on 10% of their runs. Proper documentation parameters will be supplied to guide the peer review process. These reviews may be completed as follows:
 - ALS runs will be reviewed by an agency paramedic who was not involved in the run.
 - ILS runs will be reviewed by an agency EMT-I who was not involved in the run.
 - BLS runs will be reviewed by an agency EMT-B who was not involved in the run.
 - in order for the data being collected to be statistically sound, the reviews should collect data from each shift and include approximately 10% of your department runs. The System suggests that a peer member from each shift be included in the review process.
 - to assure a fair process, guidelines for run selection should be in place. As an example, chose the first or last run or select a time of day and the run closest to that time may be reviewed.
 - to assure pt. confidentiality, run reviews utilized for training must be free of any patient identifying information.**
 - a run review form should be utilized to assure consistency. Attachment A is a SCEMSS run review form that you may utilize or you may develop your own.

TITLE: PRE-HOSPITAL QUALITY IMPROVEMENT PROGRAM**POLICY:** Continued

-all runs reviewed should be collected and reviewed by the EMS Coordinator (or designee) from each agency. The coordinator should then write a summary letter of findings and a plan of action to correct any deficiencies on a quarterly basis (Due April 1, July 1, October 1, and December 1). As you develop and implement your peer review plan, please stress to the entire departments members that these reviews are meant to be an improvement process, not a punitive process. Reviews should be completed with objectivity, not bias. System staff would be happy to assist you in any way in the development and implementation of your plan.

-The end result of the reviews will be to set up supplemental continuing education that will meet each department's need based upon the reviews.

5. For every three (3) runs reviewed, the provider reviewing them may receive one hour of Continuing Medical Education credit. These CE credits are to be signed off by each agency's EMS Coordinator.

B. Results

1. Results of review and analysis reports on a System wide and individual provider agency basis will be generated, published and made available to the System.
2. Deficiencies in all areas of skill performance for particular provider agencies and individual providers will be addressed on a singular basis.
3. Provider agencies and individual providers identified for substandard pre-hospital skill performance will be closely monitored for signs of continued decline or improvement.
4. Provider agencies and individual providers cited for consistently poor performance results for three (3) consecutive review periods will be subject to an investigation to identify problem sources and effect proper corrective measures and action plans.
5. Results will be reviewed at the Emergency Department Committee meetings and kept confidential under the QI plan.

II. Call Review - Comment and Review Reports**A. Methodology**

The Comment and Review Report is a System Quality Improvement tool designed and utilized by the System to focus attention to events in regards to constructive or complimentary issues, hospital related direction, investigations, and patient/provider related concerns or issues. This component of the Quality Improvement Program is a mechanism designed to promote open communication among pre-hospital providers, ECRN's, hospital Emergency Department personnel, hospital ED physicians, and the EMS Medical Director.

Refer to System Policy: 300-15

1. Investigative reports will be sent to the EMS Medical Director for investigation and review, according to policy.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: PRE-HOSPITAL QUALITY IMPROVEMENT PROGRAM

POLICY: CONTINUED

2. Investigative reports contain areas in regards to, but not limited to:

- Field activities
- Radio or communication equipment problems
- Full arrests, traumas
- Bypasses and diversions
- Hospital over-rides

B. Results

1. A SCEMSS Comment and Review sheet will be completed for any event that requires intervention and corrective action. (Attachment) All investigative reports are dealt with on an individual basis.
2. Events of this nature will be closely monitored for signs of continued decline or improvement. Corrective action plans will be implemented to provide corrective measures in any reported event or issue, as deemed necessary.
3. Results will be reviewed at the Emergency Department Committee meetings and kept confidential under the QI plan.

III. Annual Provider Agency Ambulance/EMS Vehicle Inspections

A. Methodology

The inspection of provider agency ambulance/EMS vehicles will be conducted a minimum of once annually. At the discretion of IDPH, self-inspections may be authorized. If reports warrant, additional inspections will be conducted. In all cases, IDPH is ultimately responsible for the inspection of transport vehicles. If Silver Cross EMS is requested to assist in an inspection, appropriate paperwork from the inspection shall be filed with IDPH with 48 hours.

At the time of inspection, each pre-hospital patient care vehicle will be required to have in stock, and operational, all supplies required by the System and the IDPH. **System Policies: 300-4, 5, 6**

Manual Page: 300-30b

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **PRE-HOSPITAL QUALITY IMPROVEMENT PROGRAM**

POLICY: CONTINUED

B. Results

1. Any System provider agency EMS vehicle that is found to be deficient of any required supplies or malfunctioning equipment must be brought into compliance within 24 hours after inspection. A repeat inspection will be conducted. Failure to comply will result in immediate action, with the possibility that the vehicle will be removed from service until the necessary corrections have been made. Such action will be reported to the I.D.P.H. Further stipulations are addressed in **System Policy: 300-13**.
2. Any System provider agency EMS vehicle not meeting minimum staffing requirements for the level of care they are licensed to provide will be subject to corrective measures as outlined in System and I.D.P.H. policy. Violations of staffing requirements can result in:
 - a. The vehicle being removed from service until minimum staffing requirements are met and guaranteed.
 - b. The down-grading of the agency's level of care to the next lowest level, or a level that available staffing will allow, until minimum staffing requirements are met.

Corrective actions will be reported to the State, and reviewed by the System on an individual basis.

IV. Continuing Medical Education Approval

An extension of the System Quality Improvement Program that monitors the overall quality and content of continuing education offerings conducted in the System by provider agencies for all levels of EMT's, ECRN's, Pre-hospital Field RN's, etc.

All continuing education programs and topics conducted in the System and the instructors must be approved by the EMS Medical Director. This approval will allow uniformity and consistency for System wide continuing education, identify and address potential issues, and insure all instructors follow educational policies and guidelines.

V. ALS Radio/Cellular Telemetry Run Monitoring

A. Methodology

1. The Resource Hospital and System will monitor ALS runs in progress to detect any substandard performance on behalf of the ECRN and/or provider.
2. As the run is in progress, a System radio/phone monitor worksheet will be utilized to record findings specific to communication of patient information and medical direction. (Attachment)
3. Evaluation of the ALS run will indicate if the ECRN and provider are following proper Standing Medical Orders and System protocols.

SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM**TITLE: PRE-HOSPITAL QUALITY IMPROVEMENT PROGRAM****POLICY: CONTINUED****B. Results**

1. Real-time intervention will allow run related issues to be monitored, reviewed and addressed either during the actual run or directly upon run completion.
2. Worksheets will be reviewed and a report based on overall results will be generated to target deficiencies and substandard performance by the ECRN and provider.
3. Identified problem areas will be closely monitored for signs of continued decline or improvement, addressed on an individual basis, and effect proper corrective measures or action plans as warranted.

VI. Associate/Participating Hospital Review

Silver Cross EMS System Associate/Participating hospitals are encouraged to assist with the review of pre-hospital EMS run reports. In addition, Associate and Participating hospitals are encouraged to provide timely constructive feedback to EMS provider, as well as participate in Silver Cross EMS System Quality Assurance projects.

Any Review/Comment form completed by an Associate or Participating hospital should be forwarded promptly to the Silver Cross EMS System Office.

EFFECTIVE DATE: 08-15-89**REVISED DATE:** 08-21-95, 01-30-98, 10-26-98, 9-18-01, 10-10-03, 7-5-04, 06-01-10, 12-29-10**REVIEWED DATE:**

ATTACHMENT A

Silver Cross EMS RUN REVIEW WORKSHEET

Dispatch Time: _____ AGENCY: _____ Enroute: _____
Arrival to scene: _____ Name of person reviewing run: _____
Departure from scene: _____ - EMT-B ___ EMT-I ___ EMT-P ___
Arrival to hospital: _____ Run Number: _____

PATIENT DATA:

IV's: N/A _____
of attempts: _____ Successful: _____
Unsuccessful: _____ Site used for Successful: _____

Intubation: N/A _____
of attempts: _____ Successful: _____
Unsuccessful: _____ Oral: _____
Nasal: _____

SMO's followed:
Yes: _____ No: _____
Deviation made appropriately _____
Deviation ordered by: _____

Comments: _____

Documentation Complete:

Yes: _____ No: _____
Comments: _____

Refusals:

N/A: _____
Pt. Competent: Yes _____ No _____
Ramifications explained and documented: Yes _____ No _____
Refusal signed: Yes _____ No _____
Medical control notified: Yes _____ No _____
Alternatives to care given: Yes _____ No _____

Cardiac Arrests: N/A _____

SMO's followed: Yes _____ No _____
Deviation appropriate: Yes _____ No _____

IO lines: N/A _____

Appropriate age: Yes _____ No _____
Appropriate site: Yes _____ No _____
Successful: Yes _____ No _____
Unsuccessful: Yes _____ No _____

ATTACHMENT B

PREHOSPITAL INTUBATION EVALUATION TOOL

Please complete for all prehospital intubations or intubation attempts.

Patient Name _____ Date _____

Medical Record # _____ OR EMS Trip _____

Ambulance Service _____ Paramedic _____

INDICATION FOR INTUBATION: _____ Trauma _____ Medical

- Cardiac Arrest Respiratory Arrest GCS \leq 8
- Other _____

TYPE OF INTUBATION: # of attempts (if available) _____

- Endotracheal Nasotracheal
- Successful Unsuccessful

IF INTUBATION UNSUCCESSFUL, PT. VENTILATED APPROPRIATELY:

- Yes no

INTUBATION PLACEMENT UPON ARRIVAL TO HOSPITAL:

- Trachea Esophagus

Improper placement discussed with paramedic:

- yes no Comments: _____

Comment and Review form initiated and forwarded to W/G EMS:

- yes no

DIFFICULTY WITH INTUBATION DUE TO:

- N/A Vomiting before intubation
- Vomiting during intubation Aspiration before intubation
- Aspiration during intubation Debris in airway
- Facial trauma Swelling in airway
- Equipment malfunction (explain) _____
- Other _____

Signature/Licensure of person completing form _____

PLEASE FORWARD FORMS TO THE SILVER CROSS EMS DIRECTOR