

36 Quality Assurance and Quality Improvement

Adopted: 17 March 2019
Changed: 25 January 2022

Effective: 17 March 2019
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36.1 Purpose and Expected Results

It is both desirable and required that the Squad has a formal process for reviewing its patient care activities and suggesting improvements. Such review is appropriate for:

- Documented operating guidelines
- Best practices as defined by approved training or instruction of an authority
- Informal or undocumented common practices
- Specified or mandated call types or call activities
- Activities of a new or inexperienced EMS provider
- Questionable activities of an individual EMS provider
- General compliance with protocols, best practice, SOGs, and other guidance.

The primary objective is continuous improvement of patient care by the Squad's personnel collectively and individually. A secondary objective is compliance with the requirements of State and local EMS authorities including the Squad's medical director.

Consistent with the Squad's goal of superior pre-hospital patient care, a Quality Assurance / Quality Improvement (QA/QI) committee is established to administer the process.

36.2 Circumstances of Applicability

A routine or specific need for review of:

- Command media (guidance documents, instruction documents, etc.)
- Call documents
- Correspondence directed to the Committee.

36.3 Requisites

- A QA/QI committee
- Documents for review
- Mean to protect confidentiality

Description

36.3.1 Committee Composition

The QA/QI Committee shall be composed of no less than three (3) nor more the five (5) persons. The Chairperson shall be a Squad line-officer, preferably the Co-Captain, appointed by the Captain. The chairperson shall appoint at least one (1) experienced BLS provider and at least one (1) experienced ALS provider from the Squad's active membership to serve on the Committee. The Squad Captain and Medical Director are

ex officio members of the Committee but not counted in the number of Committee members.

Required Training

The Chairperson shall provide instruction to the appointed Committee members as to the Committee's purpose, objectives, methods, expected results, and each member's assigned tasks.

Routine Reviews

36.3.1.1 Monthly

At the beginning of each month the Chairperson shall cause to be provided to the Committee for review in electronic or paper form copies of Pre-hospital Care Reports (PCRs) from the previous month, the set of which contains:

- All items of mandated review
- Random items

Random items shall be in sufficient number so that the set of PCRs for review is not less than ten (10).

36.3.1.2 Topical

From time-to-time the Chairperson may select a topic and shall cause to be provided to the Committee for review in electronic or paper form copies of Pre-hospital Care Reports (PCRs) from the previous three (3) to twelve months (12) which contain the selected topic.

36.3.1.3 New or Inexperienced Provider

From time-to-time the Chairperson shall cause to be provided to the Committee for review in electronic or paper form copies of Pre-hospital Care Reports (PCRs) involving a new or inexperienced provider over an extended duration.

36.3.2 Assigned Reviews

The Chairperson, Squad Captain, Squad Medical Director, or Regional Medical Director may request a review of PCRs covering a specific topic or a specific provider.

The Chairperson, Squad Captain, or Squad Medical Director may request a review of one or more provider command media such as guidance documents or instruction documents.

36.3.3 Review Process

1. The Chairperson, in consultation with the Committee, shall develop a review form (such as attached below) or an outline regarding the subject review. As a minimum the review form or outline shall contain:
 - a. Identification of the document under review
 - b. Focus of the review
 - c. Findings regarding the focus

- d. Findings regarding compliance with command media (protocols, training, instructions, etc.)
 - e. If any, suggested remediation or improvement
 - f. If needed, suggested additional review.
2. The Chairperson shall assign Committee members to specific items or portions of items to review. The review shall be documented using the above mentioned form or outline.
3. The Committee shall meet, discuss, and approve by vote each review.
4. The Chairperson shall report the Committee's work and results, as appropriate, to the Captain or Medical Director, who shall take the Committee's recommendations under advisement
5. All committee records and discussions shall be held as confidential.

36.3.4 Outside Communication Prohibited

Neither the Chairman nor appointed members of the Committee may discuss specific Committee findings or issues regarding personnel outside of the Committee without express direction from the Captain. The Chairperson may report general trends, statistics, or recommendations to the Squad.

Owego Emergency Squad Care Review	Run #:	Key Provider:
	PCR #:	Reviewer:

Dates:

Call:	Review:	QA Committee:
Med Director:	Provider Notice:	Closed:

Focus of Review (check all that apply, fill in blanks as appropriate):

<input type="checkbox"/> CPR	<input type="checkbox"/> General review	<input type="checkbox"/> Policy/Procedure
<input type="checkbox"/> Narcotics use	<input type="checkbox"/> Protocol	<input type="checkbox"/> _____
<input type="checkbox"/> Critical trauma	<input type="checkbox"/> _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Probationary provider	<input type="checkbox"/> Presenting problem/ topic _____	
<input type="checkbox"/> Provider concern		

Call Data (Check or fill in appropriate answer):

Dispatch Priority:	Primary Presenting Problem:
<input type="checkbox"/> None <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E	_____
Dispatch to Response time: _____ min.	Care level: <input type="checkbox"/> None <input type="checkbox"/> BLS <input type="checkbox"/> ALS
Pt contact to first vitals time: _____ min.	Transport: <input type="checkbox"/> None <input type="checkbox"/> NE <input type="checkbox"/> E <input type="checkbox"/> Not-stated
Pt contact to leave scene time: _____ min.	By: <input type="checkbox"/> Owego Other _____

Clinical Issues (Fill in appropriate answer: NA=Not Applicable, Y=yes, N=no. Each N requires narrative below.):

C1. Performed-interventions appropriate? _____	C6. On-scene time appropriate? _____
C2. Appropriate-interventions performed? _____	C7. Transport-mode appropriate? _____
C3. Interventions timely? _____	C8. All actions appropriate? _____
C4. Applicable-protocols followed? _____	C9. All actions safe? _____
C5. Protocol deviation MC approved? _____	

Documentation Issues (Fill in answer: NA=Not Applicable, Y=yes, N=no. Each N requires narrative below.):

D1. All vehicle times recorded? _____	D9. Objective contains ABCD observations, measurements, interventions, results? _____
D2. Appropriate detail to reconstruct call? _____	D10. Narrative contains call flow and other documentation. _____
D3. Tone professional? _____	D11. Sections consistent with each other? _____
D4. All appropriate sections completed? _____	D12. If it occurred, each is documented: delay, extrication, MC conversation, hospital report, pt delivery, care transfer? _____
D5. Subjective contains complaints and complaint Hx (OPQRST-AS,PN)? _____	D13. If pt RMA, documentation shows pt informed and legally able to refuse? _____
D6. Allergies, meds, med-Hx recorded? _____	
D7. Appropriate vital signs recorded? _____	
D8. Assessment contains observations including pertinent negatives (PN)? _____	

Action Required (Check or fill in appropriate answers):

None Provider Remediation Medical Director Review Policy/Procedure Change Study Other _____

Reviewer's Narrative:

Continued on additional sheet.

Owego Emergency Squad Care Review Follow-Up	Run #:	Key Provider:
	PCR #:	

QA-QI Committee Notes:

Committee Chairperson's Signature: _____ Date: _____

Provider's Comments

Provider's Signature: _____ Date: _____

Medical Director's Notes:

Medical Director's Signature: _____ Date: _____