

SCOTT COUNTY EMS SYSTEM

CONTINUOUS QUALITY IMPROVEMENT (CQI) POLICY MANUAL & DESIGNEE APPOINTMENTS

General Purpose: This CQI Policy establishes guidelines for the implementation of a program to support EMS providers as they strive to provide excellent patient care. These policies intend to provide direction to set measurable goals and define minimum performance standards for the individuals and service. This consistent, fair evaluation practice will provide the routine feedback every provider deserves. This policy meets or exceeds the requirements of Iowa Code Chapter 147A: Emergency Medical Care— Trauma Care and the Iowa Administrative Code (IAC): 641—132.8(147A) Service program levels of care and staffing standards and 641—132.9(147A) Service program—off-line medical direction.

General Procedure: The interaction of the physician, service leadership and providers is critical for the success of this CQI program. All staff must understand their role, responsibilities and duties as part of the CQI team. Every team member shall receive an initial orientation to this policy and be provided with an opportunity for input and updates when amended.

Approval & Affirmation: The signatures within this document indicate approval of the policy and agreement to perform the duties as an official designee of the physician medical director. See Addendum A.

Medical Director CQI Sign-Off: See Addendum B.

Designee Appointment: The medical director shall conduct CQI activities or appoint individual(s) to ensure written audits of the patient care reports are completed; staff orientation, CEH and skill competencies are conducted and documented; and actions plan, follow-up and resolution are done as defined within this policy. A designee shall review charts for individuals who do not exceed his/her certification level. See Addendum C.

SECTION A: SCOPE OF PRACTICE

Policy: EMS providers shall provide care within the current Iowa Scope of Practice and as authorized, in writing, by the medical director.

Procedure:

1. EMS providers shall review the Scope of Practice for EMS Providers during initial orientation to the service and whenever the scope is officially amended.
2. The service shall maintain documentation of initial and periodic staff reviews of the Scope of Practice.
3. EMS providers shall provide care within the Scope of Practice for their certification level limited by the service program level of authorization.

SECTION B: PROTOCOLS

Policy: EMS providers shall deliver care as directed in the medical director authorized protocols.

Procedure:

1. The medical director shall review and authorize all protocol modifications including any state and/or local protocol changes.
2. The service shall ensure the Regional EMS Coordinator promptly receives the medical director signed protocol authorization, change pages and medication list each time the protocols are amended.
3. The EMS service will maintain documentation of protocol education for EMS providers.
4. The EMS service will provide and document training after the medical director has authorized any state or local changes to the protocols.
5. EMS providers shall deliver care as directed within the approved patient care protocols.
6. Treatment rendered that deviates from the approved protocols must be documented on the patient care report (PCR) and reported to the service director and to the attention of the medical director.

SECTION C: INITIAL ORIENTATION PROCESS

Policy: New staff shall complete a standard credentialing orientation process that includes baseline medical competencies.

Procedure:

1. The service shall maintain documentation of new staff orientation under the direction of an assigned preceptor using the service Orientation Form.
2. As a minimum, the orientation will include training on all service agreements, policies, procedures and protocols. (e.g., current Protocols, CQI Policy, Emergency Driving & Communication Policy, Pharmacy Agreement and Policies & Procedures, etc.)
3. The service shall maintain documentation of RN or PA equivalency training and forms as required by the Bureau of EMS.
4. The completed Orientation Form shall be kept on file.

SECTION D: SKILL MAINTENANCE

Policy: All staff shall maintain skill competency for all procedures & equipment as allowed by the medical director.

Procedure:

1. All staff will promptly complete assigned ongoing skill competencies, within their Scope of Practice, as defined by the medical director.
2. The service will maintain documentation of completion of the skill competencies as designated by the medical director within the established timeframes.

BASIC SKILLS	FREQUENCY OF PRACTICE Q = quarterly, B = biannually, A = annually, NA = not applicable			
	Q	B	A	NA
ASSESSMENT: vital signs for all ages			X	
ADULT & PEDIATRIC AIRWAY: BVM, suctioning, oral & nasal, and/or per protocol			X	
CARDIAC ARREST MANAGEMENT: CPR, AED for all age groups			X	
MEDICATION ADMINISTRATION: over-the-counter, patient assisted, and/or per protocol			X	
IMMOBILIZATION DEVICES: cervical collars, long and short boards, extremity splints including traction			X	
EMERGENCY CHILDBIRTH			X	
ADVANCED SKILLS	Q	B	A	NA
ADULT & PEDIATRIC AIRWAY: bridge, double-lumen, endotracheal			X	
ADULT & PEDIATRIC IV/IO ACCESS			X	
NEEDLE CRICOTHYROTOMY			X	
NEEDLE THORACOSTOMY			X	
NEONATAL RESUSCIATION			X	

SECTION E: CONTINUING EDUCATION

Policy: All staff will maintain the appropriate EMS education to be prepared to provide comprehensive, competent, quality care to all patients.

Procedure:

1. EMS staff will maintain current Iowa EMS certification, Healthcare Provider CPR and emergency driving and communications training.
2. Drivers on the roster will maintain current CPR certification, emergency driving techniques and communications equipment training per agency's policy. See IAC Chapter 641-132.8(147A).
3. All staff listed on the roster shall promptly provide the service director with the documentation required to maintain current personnel and/or training files (e.g.; CPR card, driver's license, etc.)
4. All staff will document course completion in any or all of the following courses, within their scope of practice, as assigned by the medical director.

COURSE DESCRIPTION	YES	NO
Advanced Cardiac Life Support (ACLS)	X	
Pediatric Advanced Life Support (PALS) (if required by service)	X	

SECTION F: WRITTEN MEDICAL AUDITS

Policy: The EMS service shall ensure that written medical audits review patient care & protocol compliance, response time & time spent at the scene, system response, and completeness of documentation. Providers shall receive timely feedback on audited PCR's.

Procedure:

1. Within 24 hours, the responding staff shall complete and file a written patient care report and ensure that the receiving facility has a copy of the completed PCR.
2. Any significant deviation from the approved protocols or standard of care will be brought to the attention of the CQI appointee.
3. Any discussion of EMS responses shall be confidential and limited to current staff.
4. Assigned CQI auditors shall perform written audits quarterly and present their quarterly report to the medical director.
5. An audit shall be complete when it is signed by the PCR author, reviewed by responding staff and the auditor is satisfied with the loop closure.
6. The completed written audit shall be kept on file or recorded into a written audit activity log.
7. If there are no patient encounters that meet the assigned criteria during the quarter, the CQI appointee will select a percent of calls to audit or a number of calls per provider or any method that ensures that providers receive written feedback on their documentation and performance.

Written Medical Audits shall be performed on a minimum of three charts per month if applicable. Copies of audits will be forwarded to the medical director or EMS Coordinator at the end of each quarter. Audits will be returned to the designee by the end of the following quarter.

The following responses may be considered for audit.

Type of Response	Yes	No
Cardiac Arrest	X	
Trauma Patients with Time-Critical Injury	X	
Unconsciousness	X	
Pediatric Respiratory Difficulty	X	
Stroke Symptoms	X	
Death at Scene	X	
Refusal of Transport	X	
Deviation from Approved Protocol	X	
Childbirth	X	

SECTION G: FOLLOW-UP & LOOP CLOSURE

Policy: The medical director and the service director shall utilize a written action plan, as needed, to address personnel, vehicle, equipment and system challenges.

Procedure:

1. The action plan may be implemented when any of the following occur: significant deviation from written protocol or standard of care, delay of response or treatment, vehicle or equipment failure and/or system difficulty.
2. The medical director and service director shall develop and implement a written action plan and monitor the situation until the desired improvement is achieved.

SECTION H: MEASURABLE OUTCOMES

Policy: The medical director, in consultation with the staff, shall establish measurable outcomes consistent with strategic planning goals and unique needs of the local EMS system to appraise the overall effectiveness and efficiency of the EMS system.

Procedure:

1. The service director or CQI designee shall compile an Annual Report for the service owner, staff and medical director. As a minimum, the Annual Report shall include:
 - a) Total number of responses
 - b) Average time from first page to en route
 - c) Average time from first page to arrival at the scene
 - d) For ambulance services: average scene times for medical and trauma.
- 2) In addition to response and scene times, the staff and medical director shall select at least one additional indicator to measure and include in the Annual Report.

Indicator Transport Services ONLY	Yes	No
One full set of vital signs will be completed 95% of adult and pediatric patients.	X	
100% of personnel on the roster are annually trained to new protocols within 45 days of physician approval of the protocols.	X	
Multiple sets of vital signs will be documented on 75% of the patients with transportation times greater than 15 minutes.	X	
Eligible chest pain patients will receive aspirin (ASA) per protocol before transport 90% of the time.	X	
90% of suspected stroke patients will receive a neurological examination per protocol.	X	
Scene time for trauma patients with time critical injuries shall be 10 minutes or less 90% of the time.	X	
Indicator First Response Organizations ONLY	Yes	No
100% of personnel on the roster are annually trained to new protocols within 45 days of physician approval of the protocols.	X	
Time of arrival at the patient's side will be documented on 80% of the patient care reports.	X	
Eligible chest pain patients will receive aspirin (ASA) per protocol by first response 90% of the time.	X	
One full set of vital signs will be completed 90% of all patients.	X	
ALS First Response ONLY	Yes	No
Endotracheal Intubation success rate will be 90% on the first attempt.	X	
IV success rate will be 80% on the first attempt.	X	

SECTION I: SUPPLIES & EQUIPMENT MAINTENANCE

Policy: The service will maintain equipment in a manner that ensures equipment is clean and functions well. Equipment maintenance shall, at a minimum, follow the manufacturer's recommendations. Supplies shall be routinely inventoried to ensure appropriate quantities are available and not outdated.

Procedure:

1. Any equipment used shall be cleaned and supplies replaced following each response.
2. Assigned staff shall complete a detailed equipment checklist (including quantities and outdates) monthly, as a minimum.
3. Any deficiencies shall be documented on the checklist and brought to the attention of the service director for corrective action(s) and the resolution shall be documented.
4. Documentation of equipment checks and maintenance shall be kept on file for a period of three years or from the previous State inspection.

SECTION J: VEHICLE MAINTENANCE

Policy: Preventive maintenance shall be routinely conducted on all vehicles to limit downtime, minimize inadvertent failures and reduce maintenance costs.

Procedure:

1. Vehicles shall be maintained according to manufacturer's recommendations.
2. Assigned staff shall complete and document a detailed vehicle checklist as a minimum, monthly.

3. Any deficiencies shall be documented on the checklist and brought to the attention of the service director for corrective action(s) and the resolution shall be documented.
4. Documentation of vehicle checks and maintenance shall be kept on file for a period of three years or from the previous State inspection.

SECTION K: PHARMACY POLICIES & PROCEDURES

Policy: Certified EMS providers shall read and provide care within the service program's pharmacy agreement, policies & procedures, as authorized in writing.

Procedure:

1. The service director and the medical director and/or pharmacist-in-charge of the base pharmacy shall maintain agreements and policies & procedures that comply with Pharmacy Administrative Code Chapter 11[657] – Drugs in Emergency Medical Service Programs.
2. The service will maintain documentation of staff training of the pharmacy policies & procedures.
3. The service will maintain documentation of staff training of all over-the-counter and other medications authorized within the protocols.
4. The service will provide and document training each time the pharmacy policies & procedures or authorized drugs are modified.
5. All EMS providers must follow the approved pharmacy policies & procedures.
6. Any deviations from the service program pharmacy policies and procedures shall be brought to the attention of the service program director.