

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.

Email an electronic copy or mail this signed policy to your Regional EMS Coordinator.

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.

SERVICE:

SERVICE LOCATION:

Policy Approval	Print Name	Signature	Date
Medical Director	Richard Vermeer, DO		
Service or System Director			

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.

I acknowledge that I am appointed, by the medical director, as an official CQI designee. I understand my duties and will implement and maintain this CQI program as directed.

Print Name	Signature	Date