SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **PRE-HOSPITAL QA PROGRAM**

POLICY:
The Silver Cross EMS System will be responsible for monitoring its Vehicle Service Provider agencies to ensure the delivery of proper and acceptable patient care for both the adult and pediatric population. The goals and objectives of the System QA program are to establish a mechanism, which will allow the System to detect and address deficiencies, formulate positive solutions, and to enhance and reinforce the overall quality of performance by System Vehicle Service Providers and EMS Personnel.

I. **Ambulance Run Report Form Reviews**

   A. Methodology

      1. The System's Patient Care Reports are collected and submitted to IDPH according to the requirements of IDPH Section 515.350 and System Policy 300-57. PCR's shall be stored in a manner to which the System may retrieve data and generate reports for quality assurance.

      2. 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 SMOs as stipulated by the System EMS MD, Region 7, and IDPH.

      3. In addition to the above, 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/CCT runs shall be reviewed by a System authorized Paramedic/PHRN not on the call. BLS runs shall be reviewed by a System authorized EMT, A-EMT/EMT-I, Paramedic/PHRN not on the call.

        • 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 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 patient 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.

        • All runs selected should be collected and reviewed by the EMS Coordinator or designee from each agency, who shall write a summary letter of findings and a plan of action to correct any deficiencies on a monthly basis and emailed to the System designee by the 25th of the following month. Ensure EMS personnel understand this is meant to be an improvement process, not a punitive process. Reviews should be completed with objectivity, not bias. The end result of the reviews will be to set up supplemental CE to meet each department's need based upon the reviews.

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SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **PRE-HOSPITAL QA PROGRAM CONTINUED**

   B. Results

     1. Results of review and analysis reports on a System wide and individual agency basis will be generated, published and made available to the System.

     2. Deficiencies in all areas of skill performance for particular agencies and EMS personnel will be addressed on a singular basis.

     3. Agencies and EMS personnel identified for substandard pre-hospital skill performance will be closely monitored for signs of continued decline or improvement.

     4. Agencies and EMS personnel 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 by the QA Committee and kept confidential under the QA plan.

II. Call Review - Comment and Review Reports

   A. Methodology
The Comment and Review Report is a System QA 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/EMS personnel related concerns or issues. This component of the QA Program is a mechanism designed to promote open communication among EMS personnel, hospital personnel, and the EMS MD. **Refer to System Policy: 300-15 Review and Comment Reporting.** Investigative reports shall be sent to the EMS MD for investigation and review according to policy. Investigative reports may contain, but not be limited to field activities, radio communication or equipment issues, full arrests, traumas, bypasses, diversions, and hospital overrides.

   B. Results
     1. An SCEMSS Comment and Review form may be completed for any event that requires intervention and corrective action. (See policy 300-15) 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 by the QA Committee and kept confidential under the QA plan.

IV. CE Approval

An extension of the System QA Program that monitors the overall quality and content of CE offerings conducted in the System by agencies for all levels of EMS personnel. All CE programs and topics conducted in the System and the instructors must be approved by the EMS MD. This approval will allow uniformity and consistency for System wide CE, identify and address potential issues, and ensure all instructors follow educational policies and guidelines.

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SILVER CROSS EMERGENCY MEDICAL SERVICES SYSTEM

TITLE: **PRE-HOSPITAL QA PROGRAM CONTINUED**

V. ALS Radio/Cellular Telemetry Run Monitoring

A. Methodology
The Resource Hospital and System may monitor ALS runs in progress to detect any substandard performance on behalf of the ECRN and/or EMS personnel. 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. Evaluation of the ALS run will indicate if the ECRN and EMS personnel are following proper SMOs and System protocols.

B. Results
Real-time intervention will allow run related issues to be monitored, reviewed and addressed either during the actual run or directly upon run completion. Worksheets will be reviewed and a report based on overall results will be generated to target deficiencies and substandard performance by the ECRN and EMS personnel. 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 and 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 Personnel, as well as participate in the Silver Cross EMS System Quality Assurance projects.

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

ATTACHMENT A: Silver Cross EMS Run Review Worksheet

ATTACHMENT B: Region Pre-Hospital Intubation Evaluation Tool

ATTACHMENT C: SCEMSS Expanded Scope QA/QI Form (for CCT)

EFFECTIVE DATE: 08-15-89

REVISED DATE: 01-13-20

ATTACHMENT A

SILVER CROSS EMS RUN REVIEW WORKSHEET

QA Report#:2019-**1** AGENCY:_____ MR#_____ Run#_____
Person reviewing run:_____ EMT__ EMT-I__Paramedic__ Date:_____
Dispatched:____Enroute:____Arrived on Scene:____Departed Scene:____Arrived at Hospital:____

PATIENT DATA:

IV's: N/A_____   # of attempts:_____   Successful:_____   Unsuccessful:_____

Intubation: N/A_____   # of attempts:_____ Successful:_____   Unsuccessful:_____
              Oral:_____   Nasal:_____

SMO followed: Yes: _____   No: _____
Deviation made appropriately:_____ 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_____
             Comments:_____

IO lines: N/A_____
             Appropriate age: Yes_____   No_____
             Appropriate site: Yes_____   No_____
             Successful: Yes_____   No_____
             Unsuccessful: Yes_____   No_____

Deficiencies:_____
_____

General Comments:_____
_____

**PLEASE FORWARD FORMS TO THE SILVER CROSS EMS MANAGER
CONFIDENTIAL UNDER THE SILVER CROSS EMS/ER QA COMMITTEE**

PREHOSPITAL INTUBATION EVALUATION TOOL

Please complete for all prehospital intubations or intubation attempts.

QA Report#:2019-**1**__ AGENCY:_____ MR#_____ Run#_____
Person reviewing run:_____ EMT__ EMT-I__Paramedic__ Date:_____
Dispatched:____Enroute:____Arrived on Scene:____Departed Scene:____Arrived at Hospital:____

INDICATION FOR INTUBATION: _____Trauma _____Medical
❑ Cardiac Arrest ❑ Respiratory Arrest ❑ GCS≤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_____

Deficiencies:_____
_____

General Comments:_____
_____

Signature/Licensure of person completing form_____

PLEASE FORWARD FORMS TO THE SILVER CROSS EMS MANAGER
CONFIDENTIAL UNDER THE SILVER CROSS EMS/ER QA COMMITTEE

SCEMSS CCT/Expanded Scope QA/AI

QA Report#:2019-**1**__ AGENCY:_____ MR#_____ Run#_____
Person reviewing run:_____ PHRN/Paramedic___ RN ___ Date:_____
Dispatched:____Enroute:____Arrived on Scene:____Departed Scene:____Arrived at Hospital:____

1. ❑ Vital signs documented at minimum every fifteen minutes.
2. ❑ Change in vitals
3. ❑ Documentation reveals change noted and care rendered accordingly
4. ❑ Documentation reveals ongoing assessment to monitor for
       ❑ Hypotension
       ❑ Extreme bradycardia or tachycardia, dysrhythmia
       ❑ Increasing chest pain
       ❑ Altered mental status or change in neuro exam
5. ❑ Documentation of appropriate care rendered accordingly
6. ❑ Alterations in IV status documented
       ❑ IV catheter unexpected discontinued
       ❑ Rate adjustments of infusions
       ❑ IV Medications within Advanced Scope Protocol
7. ❑ Documentation of appropriate care rendered accordingly
8. ❑ Ventilator settings changed during transport
       ❑ Reason and response documented
9. ❑ Medical Control or Ordering Physician contacted after EMS arrival
       ❑ Reason and response documented
10. ❑ Unusual occurrences documented
       ❑ Issues reported to SCEMSS System Coordinator
11. ❑ Chart reviewed by EMS System Coordinator
       ❑ Abnormalities in transport require EMS MD review
       ❑ Follow up with transporting crew

Deficiencies:_____
_____
_____

General Comments:_____
_____
_____

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CONFIDENTIAL UNDER THE SILVER CROSS EMS/ER QA COMMITTEE