

SUBJECT: EMS QUALITY ASSURANCE**SECTION:** 302.08A**REVISED:** APRIL 24, 2011**PAGE(S):** 4

PURPOSE

To establish a program of quality assurance and continuous quality improvement for the Reading Fire Department Emergency Medical Service. This program is designed to meet, or exceed the standards defined by the Academy of Medicine of Cincinnati.

REFERENCES

Academy of Medicine of Cincinnati Protocols for Southwest Ohio Pre-Hospital Care

POLICY

- A. The department shall operate under the authority of a designated medical director who:
 - a. Assures adequate training/continuing education of EMS personnel.
 - b. Assures compliance with protocol and standing orders.
 - c. Assists in the development of patient care standard operating guidelines.
 - d. Assists in the development and implementation of a quality assurance program.
- B. The department shall have a written agreement with the medical director; defining the role of the position and their relationship with the department.
- C. The department shall utilize the *Academy of Medicine of Cincinnati Protocols for Southwest Ohio Pre-Hospital Care*.
- D. Any alterations to the protocols made by the medical director become the sole responsibility of the medical director. Any such changes shall be reviewed by the EDS Committee of the Academy of Medicine of Cincinnati.

PROCEDURE

- A. The department will utilize three methods of report documentation for patient care/contact as appropriate:
 - a. Written four part (white, yellow, pink and goldenrod) carbonless transport run sheet.
 - i. White—original, hard copy.

- ii. Yellow—quality assurance.
 - iii. Pink—EMS billing.
 - iv. Goldenrod—to be left at receiving hospital.
 - b. Written three part (white, yellow and pink) carbonless non-transport form with follow-up.
 - i. White—original, hard copy.
 - ii. Yellow—quality assurance.
 - iii. Pink—patient, legal guardian copy with instructions.
 - c. Electronic report recorded in FIREHOUSE Software.
 - d. All written reports shall be filed in order by run number and separated by month.
 - e. All records, written and/or electronic, shall be accessible to medical director for review upon request.
 - f. All runs shall be completed as defined in departmental standard operating guidelines.
 - i. Patient Care Report, 302.11
 - ii. Non-Transport Guidelines/Follow-Up, 302.12
- B. On-Duty personnel are responsible for daily equipment and drug bag checks. All personnel are responsible for after incident checks of equipment and drugs.
 - a. The EMS Officer, or designee shall assure that medical equipment is serviced and tested to manufacturer’s guidelines. All records of required service/testing shall be maintained.
 - b. Any problems found with equipment shall be forwarded to shift supervisor or EMS Officer.
 - c. All equipment and drugs shall be checked/logged as defined in departmental standard operating guidelines.
 - i. Equipment Checks, 302.06
 - ii. Restocking, 302.07
 - iii. Drug Bag Exchange, 302.07A
 - iv. Controlled Substances, 302.09
- C. The Assistant Fire Chief shall maintain all EMS training records. Training records shall be made available to medical director upon request for review as needed.

RESPONSIBILITY

- A. The department EMS Officer, or designee is responsible for the quality assurance process and shall review all runs in the following manner:
 - a. All yellow copies shall be separated and maintained for the purpose of run review
 - b. Each run shall be evaluated for content to include: demographics, patient medical information, response times and care provided.
 - c. Run reports not randomly selected for formal audit may be used to provide appropriate feedback to personnel as needed.

- i. All reports received by personnel, for quality assurance purposes, shall never leave the station and shall be shredded immediately after review.
 - ii. All yellow copies of reports not used for either personnel feedback or formal audit shall be destroyed.
 - d. Electronic database should be utilized to validate information as needed.
 - e. Formal audits will be conducted for the following:
 - i. At least 20% of all runs.
 - ii. All cardiac arrests.
 - iii. Runs applying *Do Not Resuscitate* or *Do Not Resuscitate—Comfort Care*.
 - iv. Runs involving complaints or inquiries.
 - v. Runs where death occurs while under Reading Fire Department care.
 - vi. Runs of misadventure.
 - vii. Runs involving repeated contacts within 24 hours.
 - viii. Runs where equipment or apparatus malfunctions or fails.
 - ix. Runs not meeting Academy of Medicine of Cincinnati guidelines.
 - f. Runs that are formally audited may be locked in the electronic database to avoid edits or other changes during the quality assurance process.
 - g. Runs that are formally audited shall include copies of all associated documentation:
 - i. Yellow quality assurance copy of respective transport run sheet or non-transport form with follow-up.
 - ii. All EKGs obtained.
 - iii. Copy of complaint or inquiry.
 - iv. Reading Fire Department EMS QA summary form.
- B. The medical director is responsible for formal review of the following
 - a. At least 10% of all runs.
 - b. All cardiac arrests.
 - c. Runs applying *Do Not Resuscitate* or *Do Not Resuscitate—Comfort Care*.
 - d. Runs involving complaints or inquiries.
 - e. Runs where death occurs while under Reading Fire Department care.
 - f. Runs of misadventure.
 - g. Runs involving repeated contacts within 24 hours.
 - h. Runs where equipment or apparatus malfunctions or fails.
 - i. Runs not meeting Academy of Medicine of Cincinnati guidelines.
 - j. An appropriate amount of patient contact, non-transport
- C. Formal audits shall be returned to the EMS Officer by the medical director in a timely manner.
- D. Runs that have been formally audited shall be reviewed by involved personnel.

- a. Personnel shall initial, by their name, the Reading Fire Department QA summary form verifying they have reviewed the report.
- b. Personnel shall not write or otherwise comment directly on the audited report or associated documentation.
 - i. All concerns, discrepancies or inquiries shall be forwarded to the EMS officer and may be discussed with the medical director as needed.
- c. Once reviewed, audited reports shall be filed separately by month with original reports.