

EMS Service

Continuous Quality Improvement

Policy Manual



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.

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EMS Service Name	Carroll County EMS		
Service Location	Carroll County		
Policy Approval	Print Name	Signature	Date
Medical Director			
Service Representative	Bill Fish, Director		

Section	Policy Description	Form	Title	Pages
1	Scope of Practice	Appendix G	Training Roster and Skill Maintenance Log	
2	Protocols	Appendix G	Training Roster and Skill Maintenance Log	
3	CQI Assistant Appointment, CEH and Skills Competency Definition	Appendix A	Continuing Education, Skills Competency and CQI Appointment Form	
4	Credentialing and Competency	Appendix E	EMS Provider Orientation Form	
		Appendix F	EMS Skills List	
5	Written Medical Audits	Appendix B	Patient Care Report Audit Form	
		Appendix C	Written Audit Activity Log	
6	Follow-up and Loop Closure	Appendix D	CQI Follow-up and Action Plan	
7	Measurable Outcomes	Appendix H	Measurable Outcomes	
		Appendix I	Measurable Outcomes Report	
8	Equipment/Vehicle Maintenance	Appendix J	Equipment Checklist	
		Appendix K	Post-Run Checklist	
		Appendix L	Vehicle and Equipment Maintenance Record	
9	Pharmacy Agreement and Policies & Procedures	Appendix M	Pharmacy Agreement	
		Appendix N	EMS Pharmacy Policies & Procedures	
		Appendix O	Drug Inspection Form	
		Appendix P	Drug Inventory Control Log	

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Section 1: Scope of Practice

IAC: 641--132.8(3) c.

Policy:

EMS providers shall function within the current Scope of Practice and as authorized, in writing, by the medical director.

Procedure:

1. EMS providers shall review the Scope of Practice for Iowa EMS Providers during initial orientation to the service and whenever the scope is officially amended.
2. The service shall maintain an EMS Training Roster that documents initial and periodic staff reviews of the Scope of Practice.
3. EMS providers shall function within the Scope of Practice for their certification level limited by the service program level of authorization.

Supporting Document: Scope of Practice for Iowa EMS Providers at www.idph.state.ia.us/ems

Implementation Form: APPENDIX G: Training Roster and Skill Maintenance Log

Section 2: Protocols

IAC: 641--132.8(3) b., 132.9(2) a.

Policy:

EMS providers shall function as directed in the medical director authorized protocols.

Procedure:

1. Annually, the medical director and service shall review and authorize updated protocols.
2. The service shall ensure the Iowa EMS Bureau Regional Coordinator receives the medical director signed authorization and change pages.
3. EMS providers will receive initial and annual protocol education.
4. The service shall maintain an EMS Training Roster that documents protocol education.
5. EMS providers shall function as directed in the medical director approved patient care protocols.
6. Treatment rendered that deviates from the approved protocols must be documented on the patient care report (PCR) and brought to the attention of the appointed auditor.

Supporting Documents: Iowa EMS Protocols. The complete set of protocols and annual updates are published every August and posted at www.idph.state.ia.us/ems

Implementation Form: APPENDIX G: Training Roster and Skill Maintenance Log

Section 3: CQI Assistant Appointment, Continuing Education Hour (CEH) and Skill Competency Definition

IAC: 641--132.8(3) m.(2), 132.9(2) d. 132.9(3) a.- e.

Policy:

The medical director shall conduct CQI activities or appoint individual(s) to perform written audits of the patient care reports; conduct and document CEH and skill training.

Procedure:

1. The medical director shall appoint, in writing, staff to assist with CQI policy implementation including: CEH, skill competency training, written audits, action plans, follow-up, loop-closure and resolution.
2. The medical director shall define, in writing, personnel CEH requirements.

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Section 3: (continued)

3. The medical director shall identify, in writing, the minimum number and type of skills personnel shall practice.
4. The medical director shall define, in writing, the types of responses and number of patient care reports to be audited by the appointees.
5. The medical director shall define, in writing, the minimum requirements for CEH for PA/RN exception(s), which may include proof of skills competency up to the level of authorization of the service program.
6. Appointees shall implement duties as assigned by the medical director.

Implementation Forms: APPENDIX A: Continuing Education, Skills Competency and CQI Appointment Form

Section 4: Initial Skill Credentialing & On-Going Competency IAC: 641--132.8(3) m. (2) Policy:

New staff shall complete a standard credentialing orientation process that includes baseline medical competencies. All staff shall maintain and document ongoing-competencies as defined by the physician medical director and service director.

Procedure:

1. New staff shall be required to complete the EMS Provider Orientation Form under the direction of the assigned preceptor.
2. The completed EMS Provider Orientation Form shall become part of the employee's personnel file.
3. All staff will promptly complete and document ongoing skill competencies as defined by the medical director.

Implementation Forms: APPENDIX E: EMS Provider Orientation Form; **APPENDIX F:** EMS Skills List

Section 5: Medical Audit IAC: 641--132.8(3) m.(1), 132.9(4) Policy:

The medical director and the EMS service representative shall describe the audit process in writing defining the type and frequency.

Procedure:

1. Within 24 hours, the responding staff shall complete and file a written patient care report.
2. Any significant deviation from approved protocol or standard of care will be brought to the attention of the assigned CQI auditor.
3. Any discussion of EMS responses shall be confidential and limited to current staff.
4. Assigned CQI auditors shall perform written audits as designated in writing by the medical director.
5. The medical director shall review the written audits as designated in writing.
6. 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.
7. The completed written audit shall be recorded into the Written Audit Activity Log.
8. Written audits shall be destroyed after 12 months or when the audit process is complete.

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Section 5: (continued)

Implementation Forms: APPENDIX B: Patient Care Report (PCR) Audit Form;
APPENDIX C: Written Audit Activity Log

Section 6: Follow-Up and Loop Closure IAC: 641--132.8(3) m. (3), 132.9(2) g.

Policy:

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

Procedure:

1. The action plan shall be implemented (but not limited to) when the following occur:
 - a) Significant deviation from written protocol or standard of care.
 - b) Delay of response or treatment
 - c) Vehicle or equipment failure
 - d) 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.

Implementation Form: APPENDIX D: CQI Follow-Up and Action Plan

Section 7: Measurable Outcomes IAC: 641--132.9(2), c.

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) At least twice a year, the service director or CQI designee shall measure the following times for all emergency responses:
 - a) Average time from first page to enroute
 - b) Average time from first page to arrival at scene
 - c) Average scene time for medical
 - d) Average scene time for trauma
- 2) In addition to response and scene times, the staff and medical director shall select at least one additional indicator to measure and report.
- 3) Annually, the service CQI designee shall report outcomes (in writing) to the EMS staff and medical director.

Implementation Forms: APPENDIX H: Measurable Outcomes;
APPENDIX I: Measurable Outcomes Report

Section 8: Equipment & Vehicle Checklist / Maintenance IAC: 641--132.8(3) o., 132.8(5)

Policy:

All EMS staff shall share the duty of performing vehicle and equipment checks and documenting these on the appropriate forms within the pre-determined timeframe. Vehicle and equipment maintenance shall, at a minimum, follow the manufacturer's recommendations.

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Section 8: (continued)

Procedure:

1. The Post Run Checklist shall be completed following every response.
2. Equipment and the vehicle cleaned and supplies replaced following each response..
3. Detailed vehicle and equipment checks shall be conducted at a minimum of once every month.
4. All staff shall be responsible for performing and completing the monthly checklist as assigned.
5. Any deficiencies shall be documented on the checklist and brought to the attention of management for corrective action(s) and resolution shall be documented.
6. Completed vehicle and equipment checklists and documentation of maintenance shall be kept on file for ten years.

Implementation Forms: **APPENDIX J:** Equipment Checklist; **APPENDIX K:** Post-Run Checklist; **APPENDIX L:** Vehicle Maintenance Record

Section 9: Pharmacy Policies and Procedures

IAC: 641--132.8(4) c., d., e.

Policy:

Certified EMS providers shall read and function within the service program's Pharmacy Policies and Procedures, as authorized in writing.

Procedure:

1. All EMS providers are directed to follow all policies and procedures as set forth in the Pharmacy Policies and Procedures document.
2. Any deviations from the service program pharmacy policies and procedures shall be brought to the attention of the CQI designee and service program director.

Implementation Forms: **APPENDIX M:** Pharmacy Agreement; **APPENDIX N:** Pharmacy Policies and Procedures; **APPENDIX O:** Drug Inspection Form; **APPENDIX P:** Drug Inventory Control Log

