

<b>Standard Operating Procedure</b>	<b>PEORIA FIRE-MEDICAL DEPARTMENT</b>
<b>POLICY AND PROCEDURE FOR GOVERNING EMS QUALITY ASSURANCE REVIEW PROGRAM</b>	<b>EMS</b>
	<b>400.19</b>
	<b>Rev. 01/20/2015</b> <b>Page 1 of 6</b>

## **PURPOSE**

Quality assurance (QA) is an overall system put in place to assess and improve the Emergency Medical Services provided by the Peoria Fire Department. The goal is to deliver a service that is timely, appropriate, compassionate, and most importantly, beneficial to the patient's outcome.

Peoria Fire Department EMS Division is responsible for Administrative Medical Direction, medical education and quality assurance /management of Advanced Life Support (ALS) services provided by paramedics and Basic Life Support (BLS) provided by Emergency Medical Technicians (EMTs).

Quality assurance is an overall system review and quality assurance exists through constant monitoring of performance. The Peoria Fire Department has developed an ongoing quality assurance program with designated committee members and guidelines established to comply with Arizona Department of Health Services rules and regulations as well as compliance to the quality assurance standards established in Arizona Revised Statutes (ARS 36-2401 through 36-2404).

## **POLICY**

In accordance with Arizona Department of Health Services rules and regulations and Arizona Revised Statute, a QA system must be in place in order to assure that pre-hospital personnel follow established protocols.

The Peoria Fire Department Quality Assurance Program includes, but is not limited to the following components.

## **REASONS FOR REVIEW**

Reasons for QA review include, but not limited to:

- System Monitoring
- Procedure or diagnostic skills monitoring
- Base hospital request
- Member request
- Legal review
- Patient complaint
- Random review
- Medical director request or directive
- Sentinel or Adverse event

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### **QA PARAMETERS AND MEASURES**

The Medical Director, EMS Chief and EMS Coordinator will meet to determine the QA parameters and measures to be conducted at any one time period. These measures may change based upon the needs of the department, national data or directives, state data or directives or new procedures or studies that the department is participating in. Current QA measures will be listed as an appendix to this document and shall be updated at a minimum of one year intervals. Performance indicators associated with the QA measures will also be listed in the appendix and shall be updated at a minimum of one year intervals. At a minimum evaluation of QA measures will address the following:

- Was the use of medical control and Peoria Fire Department offline protocols and patient care algorithms appropriate?
- Were skills and medication administration performed in accordance with protocol or medical control?
- Was the treatment rendered in compliance with established treatment guidelines?

### **QA COMMITTEE**

The Department shall have an established QA Committee. At a minimum, the QA Committee shall consist of, the Medical Director, EMS Chief, EMS Coordinator, Base Hospital Pre-hospital Coordinator, and a field provider. Additional members may be named to the QA Committee.

The QA Committee will meet every month to:

- Recommend and action plan for identified documentation and /or patient management concerns
- Provide a labor/field provider perspective and opinion regarding QA issues or concerns
- Determine areas to be emphasized, based upon QA case reviews, in the delivery of appropriate patient care
- Discuss system trends and when necessary, recommend an action plan
- Determine methods of member recognition for excellence in documentation and/ or patient care delivery

### **CONFIDENTIALITY**

Every patient care report that is retrieved for QA purposes shall be entered into the HIPAA Access Log.

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Every patient care report and other documents that are used in QA review will be stamped “Peoria Fire Department Quality Assurance Review – Confidential.”

All records and documentation relating to QA review will be filed separately from other records.

Patient or legal access to the original medical record will not be restricted by the QA process.

Access to documents designated as QA materials will be limited to those designated as QA Committee participants.

Distribution of confidential documents will be rigidly controlled. Members of the QA committee will not retain copies of the documents reviewed in a committee meeting. All documents will be collected at the end of each meeting

Dispersal of confidential documents by mail will be limited to prevent copies from getting lost and additional copies having to be produced. Instead, copies will be distributed at meetings only to members that are present.

Numbers will be used, such as an incident number or an employee number, rather than names when possible.

Whenever possible, only the original of confidential documents will be retained.

Copies of all QM documentation will remain on file in EMS for a minimum of three years.

All QA Committee members will sign and adhere to a confidentiality agreement.

**PERFORMANCE INDICATORS**

Prehospital care report (PCR) data is essential to an effective QA program. The PCR is crucial for evaluating how well an EMS organization fulfills its key performance tasks. Performance indicators will be developed by the QA Committee

**ACTION PLAN**

Treatment protocol issues will be addressed in the following manner:

- Documentation of the event on a separate QA form – a written review of the incident including paramedic involved, date, and deviation from protocol or procedure



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**Appendix**

QA Parameters and Measures

Beginning: April 2010 –

Revised: January 2013

Last Revised: January 2015

**Parameter – All Cardiac Arrests**

Performance Measures:

- Appropriate use of CCR
- Appropriate documentation of CCR
- Appropriate adherence to off line protocols
- Appropriate documentation of airway management
- Appropriate documentation of medication administration

**Parameter – ALL RSI Cases**

Performance Measures:

- Appropriate adherence to the off-line protocol
- Correct Drug Use and dose
- Use of appropriate rescue airway device
- Documentation of indication for RSI procedure
- Documentation of EtCO2
- Appropriate recognition and management of hypoxia
- Appropriate recognition and management of hypotension

**Parameter – All STEMI cases**

Performance Measures:

- 12 lead performed and transmitted
- STEMI notification to receiving hospital
- Correct interpretation of 12 lead
- Documentation of transmission of 12 lead
- ASA administration or documentation of why ASA not given
- Documentation of pain scale
- Transport to closest appropriate PCI center

**Parameter – All Acute Strokes**

Performance Measures

- FAST assessment done and documented
- Stroke Alert performed
- Transport to appropriate Stroke Center
- Appropriate adherence to offline protocol

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**Parameter – All Major Trauma**

Performance Measures

- 100% of immediate (Level1, 2 or 3) patients (excluding traumatic arrest) transported to appropriate Trauma Center
- Appropriate adherence to offline protocol
- Appropriate treatment of TBI patients
- Appropriate selection of Level III facility
- Recognize and manage TBI patients per EPIC study guidelines

**Parameter – All TBI (per EPIC Criteria)**

Performance Measures

- Appropriate recognition of TBI patient
- Appropriate oxygen therapy
- Appropriate ventilation therapy (if required)
- Appropriate recognition and treatment of hypotension
- Appropriate documentation of vital signs
- Appropriate measurement of ETCO2
- Appropriate documentation of GCS
- In cases where patient required RSI; appropriate use of additional sedation medication titrated to patient’s blood pressure to avoid hypotension

**Parameter – Other**

All cases where a concern has been raised either by the patient, patient’s family, receiving hospital, base hospital, Bureau of EMS or field provider or other caregiver.

Performance Measures:

- Appropriate care given
- Appropriate use of off line protocols if utilized
- Appropriate triage and destination decision
- Appropriate documentation
- Due the unique and varying nature of “concern” cases, other performance measures may be utilized on a case by case basis, upon consensus of the QA Committee members.

**Ongoing –**

All future cases as may be required by Medical Direction, AZ DHS BEMS Premier EMS Agency or EMS ROCC to meet or exceed benchmarking or performance measures.