



PRINCE GEORGE FIRE AND EMS

Section: EMS
Section No: 4.3
Title: Quality Assurance/Improvement

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Date: August 2014
Authorized By: James B. Owens

I. Purpose:

To provide a program designed to objectively, systematically, and continuously monitor and improve the quality and appropriateness of patient care provided in accordance with established SOPs, Protocols, and Standards of Care. To review and evaluate the provision of pre-hospital care by both the system and individual providers and to facilitate proactive system planning, training, and resolution of emerging issues. This policy/procedure shall conform to the standards established within the Virginia Office of EMS Rules and Regulations 12 VAC 5-32-600 Quality Management Reporting and Statutory Authority 32.1-12 and 32.1.111.4 as amended March 1, 2014.

II. Scope:

A. The goals of the program are:

1. Sets a standard for excellence in the organization
2. Assists the department in accurately documenting its care
3. Provides constructive feedback to our members and other stakeholders
4. Identifies potential deficiencies in our processes
5. Improves our performance through education

B. The EMS Supervisors are responsible for the management of the Quality Assurance/Improvement Program. This includes but is not limited to activities related to patient care, communications, and all aspects of transport operations and equipment maintenance by Prince George Fire and EMS providers. The supervisors are also responsible for the development, implementation, and evaluation of the Basic and Advanced Life Support Internship Programs.

C. The QA/QI Program shall include the following categories and activities:

1. Prospective Activities – designed to prevent potential problems; measuring issues against pre-determined standards.



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- a. Response/dispatch/field care audits
 - b. New personnel orientation
 - c. Precept Program
 - d. Continuing education and training standards
 - 1) Concurrent Activities – Designed to identify problems or potential problems during the course of patient care.
 - 2) OMD/Medical Control consultation
 - 3) Direct observation/supervision
2. Retrospective Activities – designed to identify potential or known problems and prevent the reoccurrence; reviews processes after they occur.
- a. PCR Audits
 - b. OMD Group-Training Incident Reviews
 - c. Use of performance criteria for evaluation of care
 - d. QA/QI reporting for specified procedures
 - e. Reporting/Feedback – designed into these activities to assure information is shared back into the system.
- D. In addition to the above activities, audits or evaluations will be conducted in the form of:
1. Structural evaluations (resource driven, non-personnel related)
 - a. Physical facilities, equipment, apparatus
 - b. Stocking and control procedures (replenishment)
 - c. Staffing patterns and mutual aid requests
 - d. Qualifications, credentialing, recordkeeping
 2. Process evaluations (use and appropriateness of resources)
 - a. Potential patient /physician complaint driven



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- b. Proper patient processing
 - 1) Adequate history/physical exam
 - 2) Appropriate assessment and treatment
 - 3) Thorough documentation
- 3. Outcome evaluations (patient care results)
 - a. Pre-selected activity criteria (i.e., % of IV success on first attempts)
 - b. Patient recovery by category (i.e., strokes, cardiac arrest)
- E. The following evaluation criteria of the program will serve as the guiding principles of our efforts:
 - 1. Clear objectives – not subject to individual interpretation
 - 2. Realistic and achievable
 - 3. Concisely written and understood prior to implementation
 - 4. Consistent with applicable protocols
 - 5. Comprised of a focused number of key elements

III. Procedure

- A. All EMS providers within Prince George Fire & EMS shall participate in the Quality Assurance/Quality Improvement Patient Care review process.
- B. Each provider shall maintain a current e-mail address on file in the *Image Trend* software.
- C. The Patient Care Report (PCR) auditing process is designed to proactively identify issues and make improvements where necessary and should not be viewed as punitive in nature.
- D. PCR audits will be conducted by personnel appointed and approved by the Director of Fire and EMS and/or the Operational Medical Director.



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- E. PCRs may be entered/accessed with approved electronic devices, the station desktop computer, or through the Virginia Office of Emergency Medical services website.
- F. Providers shall have all patient care records entered into the system no more than twelve hours after the call.
 - 1. The Director of Fire & EMS may grant an extension of up to 72 hours under adverse circumstances (i.e., weather, mass casualty incident, etc.).
- G. The PCR audit process:
 - 1. "General Screening" content
 - a. Times noted
 - b. Accurate billing information
 - c. Chief complaint noted
 - d. Appropriate history obtained
 - e. Complete set of vital sign(s) taken
 - f. Demographic information noted
 - g. Accurate patient assessment
 - h. Accuracy of pre-hospital care rendered/adherence to protocols
 - i. Patient outcome documented
 - j. Patient signature
 - 1) If not able, guardian can sign (include relationship and address)
 - 2) If guardian is not available, emergency room personnel
 - 2. "General Screening" process shall be generated by using the QA/QI feature on *Image Trend* the reviewer shall review all PCRs for the prior day using the QA/QI feature the reviewer shall notify the Director via e-mail of any missing patient care records by providing the following:
Incident number Responding units Date Time
 - c. The reviewer will recommend corrections/changes needed for the reviewed PCR



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- d. The QA/QI feature will automatically generate an e-mail to the provider whose PCR needs correcting.
 - e. PCR corrections/amendments must be completed by the reporting provider within seven days of the audit
3. "Specific Screening" – content
 - a. Standard of care deviation
 - b. Unusual occurrences
 - c. Equipment malfunctions
 - d. Particular call types, particular protocols
 - e. Patient/physician complaints
 4. "Specific Screening" – process
 - a. Information shall be compiled by the auditor(s) based on the screening and a report prepared for the Director of PGFEMS and OMD
 - b. The OMD shall communicate to the Director all corrective/remedial action to be taken
 - c. The Director shall communicate through the provider's supervisor all corrective/remedial action to be taken
 - d. The responsible provider's supervisor shall ensure that corrective/remedial actions are carried out as prescribed and report back to the Director
- H. PCR Audit Screening Criteria by Call Type
1. Cardiac Arrest
 - a. Time to initiate defibrillation (if applicable)
 - b. Correctly identify/treat initial rhythm
 - c. IV established
 - d. Secure airway established
 - e. Appropriate protocols applied



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- f. Medication administration appropriate
- g. Documentation of rhythm change

2. Critical Trauma

- a. Mechanism identified
- b. Airway evaluated and maintained
- c. Oxygen
- d. IVs established
- e. Activate needed resources (i.e., medevac, extrication, etc.)
- f. Rapid assessment/extrication

3. Cardiac Rhythm Disturbance

- a. Oxygen, IV, EKG monitor
- b. Rhythm correctly identified
- c. Appropriate protocol followed
- d. Documented changes in rhythm
- e. Documented VS (before/after treatment)
- f. On-scene < 15 minutes
- g. Call 'STEMI' to receiving medical facility (if applicable)

4. CVA

- a. On-scene <15 minutes
- b. Identify timeframe of onset of symptoms
- c. Oxygen, IV, EKG monitor
- d. Blood Glucose check
- e. Stroke scale completed
- f. Transport with head elevated
- g. Call 'code neuro' to receiving medical facility



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- I. In addition to the above, a thorough review will be conducted on any advanced airway procedures (i.e., King, Surgical, ET) performed, any pediatric transports, and anytime air medical transports are utilized.
- J. All audited incidents shall be documented on the *PPCR Audit Form* and shall be kept on file for a period of five (5) years.
- K. Disciplinary Actions
 1. Breach of patient care shall fall in one of two categories, breach of protocols or, (2) breach of Virginia Office of EMS Rules and Regulations. Any breach of Virginia Office of EMS Rules and Regulations shall be reported to that office as soon as feasible for investigation and/or disciplinary action. Disciplinary actions involving breach of protocols are at the direction of the OMD and may be based on recommendations of the EMS Supervisor. The OMD has the authority to discipline individuals for breach of protocols. The disciplinary action may range from remediation to refusal to practice under the OMDs license. If remediation is required the OMD shall determine the type and time frame of such remediation.
- L. Patient Care Complaints
 1. Any member with a patient care complaint shall address the complaint in writing to the Director of Prince George Fire and EMS for investigation. The OMD shall also be notified. If the investigation reveals a valid complaint, the Director in consultation with the OMD shall take the appropriate action.