

EMS SYSTEM QUALITY IMPROVEMENT/ASSURANCE PROGRAM

I. Purpose:

Each EMS System Provider will submit a Quality Improvement /Assurance Plan/Program to their respective Resource Hospital. This plan must include a detailed plan addressing patient care gaps that are identified by the EMS Medical Directors, EMS Resource Hospital, Provider or other EMS System affiliated agency.

II. The Quality Improvement /Assurance Plan/Program must include the following components:

- A. Performance Measures selected and agreed upon by EMS Medical Directors/Consortium.
- B. Peer Review
- C. Specific % of runs/information to be reviewed is based on a specific number of runs/information on a monthly basis. The % of runs/information reviewed will be directed by the EMS Medical Directors/Consortium.
- D. Specific % of runs/information to be reviewed will be for each level of care provided (ALS and BLS) and for transport and non-transport vehicles.

III. Standing Quality Improvement/Assurance Indicators:

- A. Response Times - must have a consistent tracking measurement (benchmarked by National Standards and agreed upon by EMS Medical Directors/Consortium)
- B. Refusals not Called to Base Station
- C. Large Scale/Special Events- Will have a Quality Assurance review of patient data to include:
 - 1. Number of patient transports
 - 2. Number of patient refusals
 - 3. Categories of patient encounters (i.e. trauma, suspected ETOH, suspected Overdose etc.)
 - 4. Any additional information deemed appropriate by the EMS Medical Directors/Consortium.
 - 5. A report must be submitted to respective Resource Hospital within 10 days post-event.
- D. Any new program implemented within the EMS System will have a QI review for the first year following implementation. QI reports will be submitted to the EMS Medical Directors/Consortium on a monthly basis.
- E. Any new medication, equipment or procedure will have a Quality Assurance review of all related patient encounters for a minimum period of four (4) months. QA reports will be submitted to the EMS Medical Directors/Consortium on a monthly basis.

- IV. **All Quality Improvement /Assurance Plan/Program reports must be submitted to the respective Resource Hospital on a MONTHLY basis and be available to the Resource Hospitals / EMS Medical Directors Consortium upon request.**
- V. An Annual Update Report that reviews CQI program goals and performance measures will be submitted to the Resource Hospital within one month following the end of the year.

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