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| <b>REGION 11<br/>CHICAGO EMS SYSTEM<br/>POLICY</b> | Title: EMS System Quality Improvement / Quality Assurance (QI/QA) Plan |
|  | Section: Quality Improvement   |
|  | Approved: EMS Medical Directors Consortium                             |
|  | Effective: December 6, 2023  |

## **EMS SYSTEM QUALITY IMPROVEMENT / QUALITY ASSURANCE (QI/QA) PLAN**

### **I. PURPOSE**

To define the responsibilities of the Emergency Medical Dispatch (EMD) agency, EMS agencies and EMS System to ensure Quality Improvement/Quality Assurance (QI/QA) in Region 11 EMS.

### **II. POLICY**

#### **A. EMD Agency**

1. Each Emergency Medical Dispatch (EMD) Agency is required to be certified by IDPH and must have:
  - a. An established continuous quality improvement (CQI) program under the approval and supervision of the EMS Medical Director. The CQI program shall include, at a minimum, the following:
    - i. A quality assurance review process used by the agency to identify EMD compliance with the protocol.
    - ii. Random case review;
    - iii. Regular feedback of performance results to all EMDs.
  - b. Availability of CQI reports to IDPH upon request; and
  - c. Compliance with the confidentiality provisions of the Medical Studies Act.

#### **B. EMS Agency**

1. Each EMS Agency participating within the Region 11 EMS System must have an established continuous quality improvement (CQI) program under approval and supervision by the EMS Medical Director. The CQI program shall include, at a minimum, the following:
  - a. A quality assurance review process used by the agency to identify patient care gaps and compliance with EMS protocols and policies;
  - b. Peer review;
  - c. Regular feedback of performance results;
  - d. Special event after action reports.
  - e. Availability of CQI reports to IDPH upon request.



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2. All CQI reports must be submitted to the respective Resource Hospital on a quarterly basis.
3. An annual CQI report that reviews continuous quality improvement (CQI) program goals and performance measures will be submitted to the Resource Hospital within one month following the end of the year.

### **C. EMS System**

1. Quality improvement measures for the EMS System are selected and agreed upon by the EMS Medical Directors, which may include various patient care and operational quality measures based on system need.
2. There will be a quarterly review of the quality improvement measures.
3. Educational activities will be monitored to ensure that the instruction and materials are consistent with National EMS Education Standards.
4. Findings from quality reviews will be used to inform process improvement and will be communicated to system participants through EMS continuing education (CE) updates.
5. Findings from quality reviews will be made available to IDPH upon request.
6. EMS Program Implementation and Oversight: Any new or pilot program implemented within the EMS System will have a QA/QI review for the first year following implementation. Reports will be submitted to the EMS Medical Director on a monthly basis.
7. New Medication, Equipment or Procedure: Any new medication, equipment, or procedure will have a QA/QI review of all related patient encounters for a minimum period of six months. Reports will be submitted to the EMS Medical Director on a monthly basis.

### **D. IDPH**

1. Monitors EMD agency, EMS agency and EMS System QI/QA.
2. May perform unannounced inspection of pre-hospital services.