



**REGION 11  
CHICAGO EMS SYSTEM  
POLICY**

Title: EMS System Quality Improvement / Quality Assurance (QI/QA) Plan

Section: Quality Improvement

Approved: EMS Medical Directors Consortium

Effective: December 17, 2025

## **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:
    - A quality assurance review process used by the agency to identify EMD compliance with the protocol;
    - Random case review;
    - 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.
2. All CQI reports must be submitted to the respective Resource Hospital on a quarterly basis.



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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 Medical 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. Refer to the Approval of Additional Pilot Programs, Medications, and Equipment Policy for additional details.
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. Refer to the Approval of Additional Pilot Programs, Medications, and Equipment Policy for additional details.

### **D. Systems of Care**

1. Pediatrics: Regional Pediatric Quality Improvement Subcommittee - Hospitals within Region 11 that are designated as an SEDP, EDAP or PCCC shall have their Pediatric Quality Coordinator (PQC) participate in the Region 11 Pediatric Quality Improvement Subcommittee, which shall minimally meet on a quarterly basis and conduct regional pediatric quality improvement projects. The chair of each regional subcommittee (or designee) shall report their quality improvement activities to their Regional EMS Advisory Committee.
2. Stroke: Regional Stroke Advisory Subcommittee (RSAS) – A subcommittee that functions under the Regional EMS Advisory Committee to make recommendations to the Region's EMS Medical Directors Committee on the triage, treatment, and transport of possible acute stroke patients to the appropriate stroke hospitals. The Regional Stroke Advisory Subcommittee shall collect and evaluate de-identified stroke care data from regional stroke network hospitals and EMS Systems to evaluate and make recommendations to the EMS Medical Directors Committee for improvement in regional stroke systems of care. Hospitals



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designated as Primary Stroke Center, Thrombectomy Stroke Center, or Comprehensive Stroke Center within Region 11 must participate in the RSAS Subcommittee.

3. STEMI: Regional STEMI/Heart Attack Systems of Care Subcommittee – A subcommittee that functions under the Regional EMS Advisory Committee to make recommendations to the Region's EMS Medical Directors Committee on the triage, treatment, and transport of STEMI patients to the appropriate STEMI centers. The Regional STEMI Subcommittee shall collect and evaluate de-identified STEMI care data from regional STEMI network hospitals and EMS Systems to evaluate and make recommendations to the EMS Medical Directors Committee for improvement in regional STEMI systems of care. Hospitals designated as STEMI Centers within Region 11 must participate in the Regional STEMI Subcommittee.
4. Trauma: Regional Trauma Advisory Committee – A committee formed within an Emergency Medical Services Region, to advise the Region's Trauma Center Medical Directors Committee, consisting of at least the Trauma Center Medical Directors and Trauma Coordinators from each trauma center within the Region, one EMS Medical Director from a Resource Hospital within the Region, one EMS System Coordinator from another Resource Hospital within the Region, one representative each from a public and private vehicle service provider which transports trauma patients within the Region, an administrative representative from each trauma center within the Region, one EMR, EMD, EMT, Paramedic, ECRN, or PHRN representing the highest level of EMS Personnel practicing within the Region, one emergency physician and one trauma nurse specialist currently practicing in a trauma center. The Department's Regional EMS Coordinator for each Region shall serve as a non-voting member of that Region's Trauma Advisory Committee.

**E. IDPH**

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