EMS SYSTEM QUALITY IMPROVEMENT / ASSURANCE PROGRAM

I. PURPOSE:

Each EMS System Provider will submit a Quality Improvement (QI) /Assurance (QA) 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 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.