



<b>REGION 11 CHICAGO EMS SYSTEM POLICY</b>	Title: EMS System Quality Improvement / Assurance Program
	Section: Quality Improvement
	Approved: EMS Medical Directors Consortium
	Effective: August 1, 2018

## **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



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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.