

2024-2025 Quality Assurance Program

1. EMS QA Personnel will routinely QA 100% of the following calls:
 - a. Trauma Alert/Arrest
 - b. All Pediatric Reports
 - c. Airway Management
 - d. Medication usage (fentanyl, ketamine, versed, Droperidol, etomidate, atropine, TXA)
 - e. Abnormal vitals (Systolic BP < 90, Heart Rate < 40 OR > 140, ETCO2 < 20, SpO2 < 85%, GCS < 8)
 - f. OB
 - g. Refusals

2. EMS QA Personnel will review charts and assign a Protocol Adherence Rating based on Table 1. Feedback will be provided to the crew if any opportunities are found (based on Table 3). After review, QA personnel will assign charts categorized as POOR to the medical director for additional review in ESO.
 - a. EMS Personnel should receive a notification of all fair protocol adherence ratings. QA personnel will document the specific feedback under “Add Feedback” tab in ESO chart for all “fair” ratings. To ensure notification, please send an ESO message to alert EMS personnel of feedback added. The message should read “View Feedback” to allow for uniformity and promote quality improvement.
 - b. Fair rated reports are viewed as “near-misses” and serve as opportunities to encourage continuing education and review system processes.
 - c. A biennial report of “clinical feedback rating by medic” will be run to identify trends in EMS personnel protocol adherence.

3. Monthly agency reports will be generated for the following and will be reviewed by the medical director:
 - a. Controlled substances
 - b. Airway Interventions
 - c. Common Patients (Bouncebacks)
 - d. Cardiac Arrest
 - e. Medical Director Requested QI (trauma notification)

4. Hospital outcomes data will be requested from our hospital partners and includes: under-triages for STEMI, Stroke, and Trauma, and hospital to hospital transfers. The Hospital transfers report will allow us to screen for undertriages as well as continuously allow review of transport

destinations. Medical Directors will review all hospital initiated under-triages and provide feedback to be disseminated to the crew. A note will be made in ESO for recording purposes.

5. Call Reviews will be scheduled regularly with the crews.

- a. In ESO, Medical Directors will make a note that an in-person call review will be scheduled under “Add Note” tab
- b. B-REAL format will be utilized for all in-person call reviews conducted by the Medical Directors and QA personnel.

6. Sentinel Events

- a. Sentinel Event: Any unexpected event/ occurrence involving death or serious physical or psychological injury, or the risk thereof. The phrase “or the risk thereof” includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome.
- b. The following require an immediate notification to the Chief Medical Officer/ System Medical Director and an Event Report from the involved crew member(s):
 - i. Any event that has caused or has the potential to cause harm to a patient (i.e. unrecognized esophageal intubation)
 - ii. Any deviation from agency policy, protocol, or field procedure that resulted in patient harm or a threat to public safety;
 - iii. Medication, treatment, or clinical errors
 - iv. Controlled substance inventory discrepancies and/ or loss, theft, or suspected diversion of a controlled substance(s)
 - v. Equipment failure or malfunction that resulted in patient harm
 - vi. Technology or communications systems errors or malfunctions that resulted in patient harm
- c. Sentinel Event Form

7. Performance Improvement Plan

The following Performance Improvement Plan is not intended to be in lieu of the disciplinary process. If discipline should result, standard procedures will apply.

Improvement Plan

Part I

Paramedic, in need of remediation, identified through quality assurance

Meeting with supervisors & OMD to create improvement plan

Agency supervisors review QA during this time frame & ensure compliance w/ plan

Supervisors report findings to OMD to decide if remediation completed successfully

Improvement Plan

Part II

Unsuccessful

Successful

Released from Improvement Plan

-Meeting with paramedic to discuss Part II of Improvement Plan

-up to 3 months duration

-5 precepted shifts

-Preceptor to fill out progress report for shift 2 & 4 and share this feedback with paramedic

-biweekly meetings with EMS Lt to assist with training if needed up to 3 months

-Shift Lieutenant to review run reports every shift to ensure compliance; report concerns to EMS Lt and QA personnel

-Shift Lt and EMS Lt present final report (QA, progress reports, additional training requested/completed) to EMS Division Chief & OMD

-OMD reviews report and decides if further action is required

*Please note: if a paramedic's practices are deemed to endanger the safety of patients, paramedic clearance can be immediately revoked by OMD.

TABLE 1

PROTOCOL ADHERENCE RATING	EXAMPLES
<p>(VERY GOOD)</p> <ul style="list-style-type: none"> ● Exceeds expectations 	<ul style="list-style-type: none"> ● Ex: protocol lacking guidance or protocol not established for specific patient presentation
<p>(GOOD)</p> <ul style="list-style-type: none"> ● Typical call, no deviation from protocol 	
<p>(FAIR)</p> <ul style="list-style-type: none"> ● Deviation from protocol w/o MC justification or w/o patient compromise ● Improper documentation of refusals (capacity not mentioned) - all four aspects of capacity must be addressed in report 	<ul style="list-style-type: none"> ● Ex: administering nitroglycerin to inferior MI without hypotension ● Ex: All aspects of capacity (alertness and orientation, insight and judgment, intoxication including speech AND gait) NOT addressed in report
<p>(POOR) ASSIGN TO MED DIRECTORS</p> <ul style="list-style-type: none"> ● Incorrect meds/dosages ● Incorrect treatment ● Deviation of protocol with patient compromise ● Refusal w/o med control contact or justification when required ● Missing “alert” notification ● Wrong Destination without documented justification 	<ul style="list-style-type: none"> ● Ex: administering adenosine to patient in atrial fibrillation; cardioversion of sinus tachycardia ● Ex. Inappropriate dosage based on age rather than weight for Pediatrics

*ESO Report QM Report-□ Clinical feedback rating by medic. EMS Personnel will have the opportunity to review their clinical care ratings assigned. An annual report will be generated for each paramedic.

TABLE 3	ALS performed (IV, EKG, monitor, BGL)	Specific protocol adherence	Recognized & Addressed abnormal VS	Appropriate Destination	If procedures, review for appropriate indications & outcome	Documentation for scene time deviation (if applicable)
Trauma		i.e. did we bilateral needle, trauma gray called, pelvic binder used?				
Pediatrics		i.e. utilized appropriate O2 measures (CPAP) i.e. med control contact required	i.e. abnormal vitals recognized in accordance with age			
Calls where an Airway Procedures performed		i.e. resuscitate before intubation? med control called for DAI, pre-oxygenation				
Controlled Medication use		i.e. end tidal obtained? correct dosage, right indication, correct positioning				
Abnormal Vitals		i.e. EKG interpretation of third-degree AV block bradycardia?				

		i.e.Appropriate airway management?				
OB		i.e. Magnesium, BP management, OB trauma alert				

PATIENT REFUSAL/BOUNCEBACKS

	Protocol Adherence including waiver obtained (if deemed necessary)	Assessment which includes at least one (1) set of Vital Signs	Working diagnosis, if able to obtain	Four aspects of capacity addressed (assess parental capacity in the case of Pediatric refusal)	Reason given for refusal documented	Medical Direction if required (less than 1 years of age or high risk)
PATIENT REFUSAL						
BOUNCEBACKS						

ESO Instructions:

1. In ESO, assign reports with a “Poor” protocol adherence rating to the medical directors AND enter a note expressing the concern.

PROTOCOL ADHERENCE RATING	EXAMPLES
<p>(VERY GOOD)</p> <ul style="list-style-type: none"> ● Exceeds expectations 	<ul style="list-style-type: none"> ● Ex: protocol lacking guidance or protocol not established for specific patient presentation
<p>(GOOD)</p> <ul style="list-style-type: none"> ● Typical call, no deviation from protocol 	
<p>(FAIR)</p> <ul style="list-style-type: none"> ● Deviation from protocol w/o MC justification or w/o patient compromise ● Improper documentation of refusals (capacity not mentioned) - all four aspects of capacity must be addressed in report 	<ul style="list-style-type: none"> ● Ex: administering nitroglycerin to inferior MI without hypotension ● Ex: All aspects of capacity (alertness and orientation, insight and judgment, intoxication including speech AND gait) NOT addressed in report
<p>(POOR) ASSIGN TO MED DIRECTORS</p> <ul style="list-style-type: none"> ● Incorrect meds/dosages ● Incorrect treatment ● Deviation of protocol with patient compromise ● Refusal w/o med control contact or justification when required ● Missing “alert” notification ● Wrong Destination without documented justification 	<ul style="list-style-type: none"> ● Ex: administering adenosine to patient in atrial fibrillation; cardioversion of sinus tachycardia ● Ex. Inappropriate dosage based on age rather than weight for Pediatrics

This is how it will show for the medical director assigned in ESO (“In progress”)

REVIEWERS: My Reviews ▾

TYPE: Clinical Reviews ▾

STATUS: Show All ▾

INCIDENT DATE: 01/21/2022

INCIDENT NUMBER: 220002360

IN PROGRESS

ASSIGNED DATE: 01/24/2022

REVIEWER: AYANNA WALKER

Unit: R63 - Lead: Matt Somerville - Primary Impression: Diabetic Hyperglycemia - Disposition: Transported No Lights/Siren

3. Medical Director can see the QA personnel note and will then either add a note to the QA personnel, add feedback for the crew, or click messages to message the crew directly. Messages to the crew directly will be preferred unless an in person call review is needed.

**Note= discussion not visible to the crew only to QA personnel and MD*

**Feedback= visible to the crew but QA personnel will have to notify the crew to view the feedback*

**Messages=visible to all copied; QA personnel will still have to notify crew to log in to ESO to view messages*

REVIEW

Reviewer
WALKER, AYANNA

Rating

Clinical Category

INCIDENT

INCIDENT DATE
01/18/2022

UNIT
R142

Pop out PCR

Add Feedback Add Note

Feedback (1)

DESTINATION DECISION
Motorcycle and ejected are two red flags that should concern you for traumatic injury. Please review the trauma MDM that discusses MCC. Most of the times these people have traumatic injuries. Transport to a trauma center.

Notes (1)

MCC ejected off bike, >35mph, neck/back pain and lower abdominal pain tenderness. Transport emergent to AHC. Should have gone to trauma center even if not an alert. Thoughts?

4. Medical director will mark report as Complete.

eso

Clinical Review: C-00080069 Incident: 220016434 Review Status: In Progress

SUMMARY PCR FILES MESSAGES

Pop out PCR

Add Feedback Add Note

Feedback (0)

Notes (0)

SET STATUS TO

- Review Committee
- Review Complete
- Closed

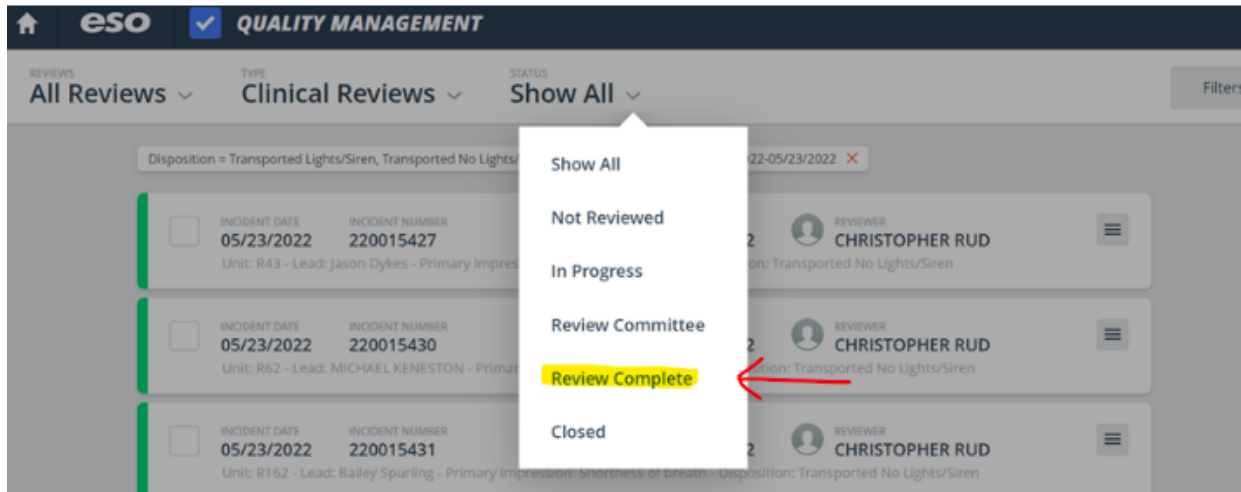
REVIEW

Reviewer
RUD, CHRISTOPHER

Rating

Clinical Category

5. QA Personnel will need to go to QM> Clinical Reviews> then under “Show All” select “Review Complete”. This will display the reviews completed by the MD’s.



6. Once you have reviewed the MD's notes/feedback, close the report. To close the report, once you are in the report, under review status, click "Close". This step is necessary to remove the chart from the MD's box and close the loop.

