

Quality Assurance Guidelines

Emergency Services

Privacy Statement

XYZ Emergency Services respects the privacy rights of patients as well as all EMS system providers and will to the greatest extent possible, protect individually identifiable information from public disclosure consistent with Federal HIPAA guidelines.

This QI Plan details the first four phases of the XYZ Emergency Medical Services QI Plan:

1. Patient Care Report (PCR) documentation standards
2. In-house PCR QI reviews within each provider agency
3. EMS Medical Director QI Patient Care Report reviews
4. In-house training as follow up to PCR review

Phase 1 – Documentation Standards

XYZ EMS QI has developed minimum documentation standards for over 50 different categories of patient encounters. Each category has specific documentation guidelines to assure complete documentation of the patient's condition, as well as the treatments provided by the EMS providers.

A copy of the XYZ QI Documentation Criteria can be found at the end of this document, and is incorporated into the QI plan.

Every PCR reviewed by the agency's EMS representative or the EMS Medical Director shall be evaluated based on these standards.

Phase 2 - Patient Care Report Review Standards

Patient Care Report (PCR) reviews shall be conducted on an on-going basis to provide feedback to the individual providers and the EMS system as a whole. PCR reviews shall be completed internally within XYZ EMS and externally by the EMS Medical Director.

Internal Agency Review:

- A. XYZ EMS (designated person- need the title of the person responsible here) will conduct reviews on a minimum of 10 percent of the PCR's completed as logged and filed within the agency per calendar quarter. Said runs will be selected at random by someone other than the person reviewing the PCR's.
- B. XYZ EMS shall also conduct 100% PCR reviews for the following types of patient encounters:

Cardiac Arrest

Trauma Alert activated

Advanced Airway intervention

PCRs from these call types shall be Reviewed by the EMS Director/Coordinator and if any discrepancies or deviations from standing protocols are note the PCR will be forwarded to the Medical Director for review and evaluation.

- C. The EMS Medical Director will identify specific focus care areas for review each calendar quarter. Examples could include, chest pain, diabetic emergency, allergic reaction, unconscious, refusals, etc. Up to twenty (20) PCRs of these call types shall be provided to the Medical Director for review each quarter

Medical Director Review:

The Medical Director shall review the selected PCRs and issue a written summary of specific and general findings. This documentation shall be utilized for the agency to provide additional feedback to the individual providers, as well to address agency wide issues. Medical Director documentation shall become part of the agency's QI files.

Further, the Medical Director or designee shall conduct annual field audits of agency QA files to assure compliance with all criteria listed.

Method of Review:

All in-house PCR reviews shall be documented using the XYZ EMS Patient Care Report Review Form, which is made a part of this program and included at the end of this document. The PCR Review Form will be completed according to the QI program guidelines.

Once the PCR review is completed, the EMS Agency representative completing the review shall provide feedback to the EMS Director/Coordinator, who will then provide, either in person or by written summary, report the findings to the crew involved in patient care. If trends are noted in patient care or treatment the information gathered in the QI program will be used to guide company-wide continued education. The individual provider will have the opportunity to provide written comments regarding the review of the care rendered on the call.

If a questionable pattern of behavior is identified in an individual provider, the Medical Director or a designee may choose to do direct clinical observation of the care of that provider in the field. Such reviews are not punitive, but aimed at improving the provider's care.

Phase 3 - Quality Improvement Meetings

A QI Group shall be formed and maintained, and shall hold quarterly QI review meetings to communicate the findings and plans to others in the system. (redundant) The focus of the discussions will be on improving medical care, training, and the CQI process in general.

The QI group may also recommend benchmarks and standards to the EMS Director/Coordinator and the EMS Medical Director, as well as recommendations for system-wide improvements based on the information obtained through the QI process.

The EMS QI plan shall be updated annually by the QI group. However, the Medical Director may make interim changes to the plan by written memorandum.

Summary:

The goal of the EMS QI process is to improve patient care through the use of prospective training on documentation standards, retrospective PCR reviews and direct clinical performance observations by XYZ Emergency Services. The cooperation of all EMS System stakeholders in establishing benchmarks and opportunities for improvement is vital and valuable.

Finally, this plan outlines the basic, minimum requirement for EMS QI activities for XYZ EMS. We are strongly encouraged to exceed the standards identified here to assure the highest quality patient care possible.

Quality Assurance Advisement Sheet

Call Information:	Date of Service:
Run #:	Nature of call:
Lead - Crew #1:	Crew #2:
Reviewed By:	Date of Review:
Patient Contact / Treatment Information:	
Appropriate DX:	
Appropriate TX:	
Appropriate TX Specific:	
EKG Interp. Approp.	Yes No
EKG TX Approp.	Yes No
Oxygen TX Appropriate	Yes No
IV TX Approp.	Yes No
Medication TX Approp.	Yes No
General TX Approp.	Yes No
Protocol Administered:	
Applicable Protocol:	
Comments:	
Recommendations:	
Director:	Date:
Medical Director	

The following will aid in the review of all XYZ EMS PCR's

Documentation on all patients must include the following:

- OPQRST and SAMPLE are the acronyms for the United States DOT EMT and Paramedic patient assessment curriculum.
 - **O** – Circumstances surrounding the **onset** of complaint? **S** signs, symptoms, physical findings
 - **P** – What **provoked** (or provokes) the complaint? **A** allergies to medications or the environment
 - **Q** – Describe the **quality** (sharp, burning, stabbing, etc.) of the complaint? **M** Medications, prescription or over the counter
 - **R** – Where does the pain **radiate**? **P** past medical history
 - **S** – Describe the **severity** of the pain on a scale of 1 (minimal) – 10 (maximum)? **L** last oral intake
 - **T** – **Time** of onset? **E** event, what happened to the patient
- All patients assessed by EMS should have at least one complete sets of vital signs assessed and documented. Vital signs include pulse, respiratory rate, blood pressure GCS, pulse oximetry, CO2 monitoring and the time they were assessed must be recorded.
- All medications taken by the patient should either be listed on or a list should be attached to the report. The list must include the medication name, amount taken and frequency it is taken. In lieu of listing the medications, the bottles may be brought to the emergency department and left with the patient or receiving nurse.
- When documenting the presumed presence of alcoholic beverages that is based solely upon breath odor, do so in the following manner: “Patient’s breath has the odor that is commonly associated with the consumption of alcoholic beverages.”

ABDOMINAL PAIN/PROBLEM

1. Location of pain?
2. Distension?
3. Tenderness?
4. Nausea/Vomiting/Diarrhea/Vomiting?
5. Urinary complaints?
6. Femoral pulses, when applicable?
7. LMP, if appropriate?
8. Vaginal bleeding/discharge, if appropriate?
9. Interventions by agency?
10. How was patient moved to stretcher?

AIRWAY OBSTRUCTION

1. Can patient speak/forcibly cough?
2. Is patient moving air?
3. Inspiratory stridor?
4. What caused obstruction?
5. Duration of obstruction?
6. Interventions by agency?
7. How was patient moved to stretcher?

ALCOHOL INTOXICATION

1. "Patient's breath has the odor that is commonly associated with the consumption of alcoholic beverages."
2. Patient admits to drinking? (type, amount, time frame)
3. Speech? (normal, slurred)
4. Gait? (Normal, ataxic)
5. Obvious head/facial injury?
6. Blood Glucose Level?
7. Vomiting, signs of dehydration?
8. Altered Mental Status?
9. Interventions by agency?
10. How was patient moved to stretcher?

ALLERGIC REACTION

1. Cause of reaction?
2. Dyspnea?
3. Facial/throat edema?
4. Chest pain?
5. Rash/Itching?
6. Urticaria (hives)?
7. Interventions by agency?
8. How was patient moved to stretcher?

ALTERED LEVEL CONSCIOUSNESS

1. OPQRST, Sample as appropriate?
2. ETOH/Substance involvement?
3. Obvious head/facial injury
4. Other injuries?
5. BGL?
6. Usual level of consciousness/GCS?
7. Interventions by FD/others?
8. Interventions by agency?
9. How was patient moved to stretcher?

ANIMAL BITE

1. Type of animal?
2. Location of bite(s)?
3. Edema at site?
4. Rabies/immunization status of animal?
5. Interventions by agency?

6. How was patient moved to stretcher?

ASSAULT/FIGHT

1. OPQRST, Sample as appropriate?
2. Method of assault?
3. Presence of injuries?
4. Loss of consciousness? How long?
5. PMS before/after assessment/intervention?
6. Neck/Back pain?
7. Paresthesia?
8. ETOH/Substance involvement?
9. Interventions by agency?
10. How was patient moved to stretcher?

ATRAUMATIC (GI) BLEED

1. Nausea/vomit/diarrhea/constipation?
2. Active bleeding?
3. Bloody emesis/stool? How long?
4. Color of emesis/stool?
5. Abdominal pain? Location and quality?
6. ETOH/Substance involvement?
7. Interventions by agency?
8. How was patient moved to stretcher?

BAKER ACT

1. Law enforcement agency initiating?
2. Law enforcement officer's name?
3. Reason?
4. BGL, as appropriate?
5. ETOH/Substance involvement?
6. Method of restraint, as appropriate?
7. Position of restraint, as appropriate?
8. Interventions by agency?
9. Method of transport?

BEHAVIORAL/PSYCHIATRIC DISORDER

1. What is the patient's mood (agitated, etc.)?
2. Is the patient cooperative?
3. Rate of speech (slow, fast, etc.)?
4. Are verbal responses appropriate?
5. Method of restraint, if appropriate?
6. Position of restraint, if appropriate?
7. ETOH/Substance involvement?
8. See Baker Act, if appropriate?
9. BGL? Vomiting/ Diarrhea?
10. Interventions by agency?
11. How was patient moved to stretcher?

BICYCLE

1. Presence of injuries?
2. Loss of consciousness? How long?
3. Rider wearing helmet? Removed by?
4. PMS before/after assessment/intervention?
5. Describe MOI?
6. Neck/Back pain?
7. Paresthesia?
8. ETOH/Substance involvement?
9. Interventions by agency?
10. How was patient moved to stretcher?

BURN (ELECTRICAL/LIGHTNING)

1. Voltage, if known?
2. Duration of contact?
3. Entrance wound(s)?
4. Exit wound(s)?
5. Neck/Back pain?
6. Loss of consciousness?
7. Paresthesia?
8. Presence of injuries?
9. Interventions by agency?
10. How was patient moved to stretcher?

BURN (THERMAL)

1. Burn source?
2. Exposure time?
3. Describe environment (enclosed, etc.)?
4. BSA involved?
5. Severity (degree(s)) of burn(s)?
6. Facial hair singed?
7. Dyspnea?
8. Presence of injuries?
9. ETOH/Substance involvement?
10. Interventions by agency?
11. How was patient moved to stretcher?

CARDIAC ARREST

1. Circumstances at onset?
2. Description of patient upon agency arrival?
3. Estimated down time before intervention? Time of onset?
4. Time of first shock
5. Interventions by agency?
6. How was patient moved to stretcher?
7. Physician authorizing cease of efforts.
8. Method of airway?

CARDIAC RHYTHM DISTURBANCE

1. Chest pain?
2. Dyspnea?
3. Nausea/Vomiting?
4. Diaphoresis?
5. Other signs/symptoms (tachycardia, etc.)
6. ECG rhythm?
7. Interventions by agency?
8. How was patient moved to stretcher?

CHEST PAIN/DISCOMFORT

1. OPQRST, Sample as appropriate?
2. Location of pain?
3. What relieves pain?
4. Dyspnea?
5. Nausea/Vomiting?
6. Lower extremity edema?
7. Diaphoresis?
8. Erectile dysfunction RX within 24 hours?
9. Aspirin within 12 hours?
10. 12 lead ECG? Mimics?
11. Thrombolytic exclusionary criteria?
12. "Cardiac Alert" time?
13. Interventions by agency?
14. How was patient moved to stretcher?

CHF/PULMONARY EDEMA

1. Chest pain?

2. Dyspnea?
3. Nausea/Vomiting?
4. Lower extremity edema?
5. JVD?
6. Diaphoresis?
7. Interventions by agency?
8. CPAP Applied/ Response?
9. How was patient moved to stretcher?

DEATH

1. Time of death?
2. Position/Location of body at agency arrival?
3. Any repositioning of the body?
4. Presence of injuries?
5. Dependant lividity?
6. Rigor mortis?
7. Person pronouncing death?
8. Interventions by agency?
9. Law enforcement notified /on-scene

DIABETIC SYMPTOMS

1. Last meal?
2. Last time medication taken, if applicable?
3. Oral mucosa moist or dry?
4. Nausea/Vomiting?
5. Diarrhea/Constipation?
6. Excessive exertion?
7. Pre & post intervention BGL?
8. Interventions by agency?
9. How was patient moved to stretcher?

DIGESTIVE SYMPTOMS (nausea/vomit/diarrhea)

1. Nausea/Vomit?
2. Diarrhea/Constipation?
3. Last solid food retained?
4. Last fluid retained?
5. Presence of injuries, as appropriate?
6. Dark/Bloody emesis/stool?
7. Skin turgor?
8. Vertigo?
9. Interventions by agency?
10. How was patient moved to stretcher?

DROWNING/NEAR DROWNING

1. OPQRST, Sample as appropriate?
2. Salt water, fresh water, brackish?
3. Time submerged? / Describe MOI
4. Water temperature, if known?
5. Dyspnea?
6. Nausea/Vomit?
7. Presence of injuries?
8. Neck/Back pain?
9. Paresthesia?
10. Loss of consciousness?
11. PMS before/after assessment/intervention?

12. ETOH/Substance involvement?
13. Interventions by FD/other?
14. Interventions by EVAC?
15. How was patient moved to stretcher?

FALL

1. Presence of injuries?
2. Loss of consciousness? How long?
3. PMS before/after assessment/intervention?
4. Describe MOI?
5. Height of fall & surface struck?
6. Neck/Back pain?
7. Paresthesia?
8. ETOH/Substance involvement?
9. Interventions by agency?
10. How was patient moved to stretcher?

FEVER

1. Recent injury/obvious wounds?
2. Nausea/vomit/diarrhea/constipation?

How long?

3. Headache?
4. Nuchal rigidity?
5. Skin turgor?

FIREARM

1. Presence of injuries (without identifying “entrance” and “exit” wounds)?
2. Caliber of weapon?
3. Range?
4. Neck/Back pain?
5. Loss of consciousness?
6. Paresthesia?
7. Dyspnea?
8. PMS before/after assessment/intervention?
9. Trachea midline, as appropriate?
10. JVD, as appropriate?
11. ETOH/Substance involvement?
12. Interventions by agency?
13. How was patient moved to stretcher?

FLU-LIKE SYMPTOMS

1. Nausea/Vomit
2. Diarrhea?
3. Fever?
4. Skin turgor?
5. Productive cough? Describe?
6. Nuchal rigidity?
7. Interventions by agency?
8. How was patient moved to stretcher?

HEMORRHAGE/BLEEDING

1. Circumstances surrounding hemorrhage?
2. Presence of injuries, as appropriate?
3. Neck/Back pain, as appropriate?

4. Paresthesia, as appropriate?
5. Loss of consciousness, as appropriate?
6. Nausea/Vomit, as appropriate?
7. Dark/Bloody stool/emesis, as appropriate?
8. ETOH/Substance involvement?
9. Interventions by agency?
10. How was patient moved to stretcher?

HYPERTENSION

1. Chest pain?
2. Dyspnea
3. Nausea/Vomit?
4. Headache? Altered Mental Status?
5. Grip strength/Arm drift?
6. Weakness?
7. Interventions by agency?
8. How was patient moved to stretcher?

HYPERTHERMIA

1. Approximate ambient air temperature?
2. Estimated exposure time?
3. Type of environment (warehouse, outside, etc.)?
4. Loss of consciousness?
5. Fluid intake?
6. Skin turgor?
7. ETOH/Substance involvement?
8. Interventions by agency?
9. How was patient moved to stretcher?

HYPOTHERMIA

1. Approximate ambient air temperature?
2. Estimated exposure time?
3. Type of environment (warehouse, outside, etc.)?
4. Loss of consciousness?
5. ETOH/Substance involvement?
6. Interventions by agency?
7. How was patient moved to stretcher?

INHALATION INJURY (TOXIC GAS, SMOKE INHALATION)

1. Type of gas, as appropriate?
2. Duration of exposure?
3. Area of exposure (enclosed room, etc.)?
4. Heated environment?
5. Oral mucosa burns?
6. Singed facial hair?
7. Interventions by agency?
8. How was patient moved to stretcher?

INJURY

1. How did the injury occur?
2. Description/location if injury(ies)?
3. Active Bleeding?
4. GCS
5. Distal pulses/sensation, if extremity injury?
6. Obvious head/facial injury, if applicable?
7. Neck/Back pain, if applicable? Severity on a scale of 1-10
8. Paresthesia, if applicable?
9. Purposeful movement/Grip strengths x 4 extremities before/after spinal immobilization, if applicable?
10. If extremity injury was splint applied
11. ETOH/Substance involvement?
12. PMS Before and After Splinting?
13. Interventions by agency
14. How was patient moved to stretcher?

INTUBATION

1. Visualize passage of ETT thru cords?
2. Absence of epigastric sounds?
3. Present/=lung sounds?
4. CO₂ detection
5. ETT depth at teeth?
6. Secured?
7. Who intubated?
8. Confirm ETT placement outside ED?
9. Number of Attempts by agency?

MEDICATION REACTION

1. Medication taken?
2. Newly prescribed medications?
3. Dyspnea?
4. Facial/throat edema?
5. Chest pain?
6. Rash/Itching?
7. Urticaria (hives)?
8. Interventions by agency?
9. How was patient moved to stretcher?

MOTORCYCLE CRASH

1. Presence of injuries?
2. Loss of consciousness? How long?
3. Rider wearing helmet?
4. PMS before/after assessment/intervention?
5. Describe MOI?
6. Neck/Back pain?
7. Paresthesia?
8. Where was patient at agency arrival?
9. ETOH/Substance involvement?
10. Interventions by agency?
11. How was patient moved to stretcher?

MOTOR VEHICLE CRASH

1. Presence of injuries?
2. Loss of consciousness? How long?
3. PMS before/after assessment/intervention?
4. Describe MOI?
5. Neck/Back pain?
6. Paresthesia?
7. Where was the patient seated at occurrence?
8. Where was patient at upon arrival?
9. Steering wheel deformed, if appropriate?
10. Windshield/Window damage, if appropriate?
11. ETOH/Substance involvement?
12. Interventions by agency?
13. How was patient moved to stretcher?

NAUSEA/VOMITING

1. Nausea and/or vomit? How long?
2. Last solid food kept down?
3. Last liquid kept down?
4. Skin turgor?
5. Chest pain?
6. Dyspnea?
7. Vertigo?
8. Diarrhea/constipation?
9. Dark/bloody emesis?
10. Recent head injury?

PEDESTRIAN INJURY

1. Presence of injuries?

2. Loss of consciousness? How long?
3. PMS before/after assessment/intervention?
4. Describe MOI?
5. Neck/Back pain?
6. Paresthesia?
7. Where was patient at agency arrival?
8. ETOH/Substance involvement?
9. Interventions by FD/others?
10. How was patient moved to stretcher?

POISONING/DRUG INGESTION

1. Name of substance?
2. Amount?
3. Route of intake?
4. When?
5. Vomiting since ingestion, if appropriate?
6. Circumstances surrounding?
7. ETOH/Substance involvement?
8. Oral mucosa burns, if appropriate?
9. Interventions by agency?
10. How was patient moved to stretcher?
11. Poison Control notified? Advice given?

REFUSAL OF SERVICE

1. Vital Signs, age, GCS noted
2. Patient alert and oriented x4
3. Presence/Absence of Drug/Alcohol?
4. Attempts at assessment/provision of care documented?
5. Patient advised to seek care; risks/benefits of care explained?
6. Waiver Completed?
7. Refusal Statement acknowledged?

PREGNANCY/OB DELIVERY

Separate report required for the mother and each neonate

Non-Delivery

1. Abdominal pain?
2. Gravid? Para? Abortion?
3. Length of gestation?
4. Due date?
5. Edema? Headache? Visual disturbances?
6. Vaginal hemorrhage/discharge? If yes, describe?
7. Interventions by agency?
8. How was patient moved to stretcher?

Delivery

9. Multiple fetuses?
10. Mucous plug presented?
11. Membranes ruptured? If yes, amniotic fluid clear?
12. Contractions? Duration? Frequency?
13. Crowning, as appropriate?

Neonate

16. Time of birth?
17. Thoroughly dried and warmed?
18. Oral and nasal suctioning? Meconium Present?
19. Muscle tone (activity)?

20. General appearance? APGAR?
21. Interventions by agency?

RESPIRATORY ARREST

1. SEE INTUBATION BENCHMARKS
2. Patient's position?
3. Interventions by agency?
4. How was patient moved to stretcher?

RESPIRATORY DISTRESS

1. Patient's position?
2. Retractions?
3. Speech fragmentation?
4. JVD?
5. Lower extremity edema?
6. Chest pain?
7. Nausea?
8. CPAP applied?
9. Interventions by agency?
10. How was patient moved to stretcher?

SEIZURE

1. Description of seizure activity?
2. Duration of seizure activity?
3. Number of seizures?
4. Head/Facial injury?
5. Other injury?
6. Altered Mental State?
7. Incontinence (bowel or bladder)?
8. ETOH/Substance involvement?
9. BGL?
10. Interventions by agency?
11. How was patient moved to stretcher?

SEXUAL ASSAULT/RAPE

1. PD notified / on-scene?
2. Method of assault?
3. Presence of injuries?
4. Loss of consciousness? How long?
5. Neck/Back pain?
6. Paresthesia?
7. ETOH/Substance involvement?
8. Has patient changed, voided, showered or etc. since assault?
9. Interventions by agency?
10. How was patient moved to stretcher?

STABBING

1. Presence of injuries?
2. Type of weapon, if known?
3. Length of weapon, if known?
4. Neck/Back pain?
5. Paresthesia?
6. Loss of consciousness?
7. Dyspnea?
8. PMS before/after assessment/intervention?
9. Trachea midline, as appropriate?
10. JVD, as appropriate?
11. ETOH/Substance involvement?
12. Intervention by agency?
13. How was patient moved to stretcher?

STINGS/VENOMOUS BITES

1. Type of animal?
2. Interventions by agency?
3. How was patient moved to stretcher?

STROKE/CVA/TIA

1. Onset / duration of symptoms?
2. Grip strength/Arm drift?
3. Facial droop?
4. Headache?
5. Nausea/Vomit?
6. Ability to phonate?
7. Ability to swallow?
8. Hemiplegia?
9. Patient able to sit upright without assistance?
10. BGL?
11. Fever?
12. Thrombolytic exclusionary criteria?
13. "Stoke Alert" time?
14. Interventions by agency?
15. How was patient moved to stretcher?

SYNCOPE/FAINTING

1. Presence of injuries?
2. Chest pain?
3. Dyspnea?
4. Nausea?
5. Vertigo? Postural?
6. Dark/Bloody stool/emesis?
7. Newly prescribed/altered medications?
8. Last meal?
9. BGL?
10. ECG/12 lead if indicated?
11. Grip strength/Arm drift?
12. ETOH/Substance involvement?
13. Interventions by agency?
14. How was patient moved to stretcher?

TASER DEPLOYMENT

1. Location of probes?
2. # of shots
3. # of shocks
4. Duration of shocks?
5. ETOH/Substance abuse involved?
6. Probes removed by?
7. Interventions by agency?
8. How was patient moved to stretcher?

TRAUMA ALERT

1. Complete Trauma Alert Form?
2. Follow appropriate benchmarks

VAGINAL HEMORRHAGE

1. Abdominal pain?
2. Nausea?
3. Vertigo? Postural?
4. Pregnant?
5. LMP?
6. Describe (clot, tissue, etc.)?
7. Amount (estimate)?
8. Interventions by FD/others?
9. Interventions by EVAC?
10. How was patient moved to stretcher?

WEAKNESS/CVA

1. SEE STROKE / CVA / TIA BENCHMARKS
2. Hemiplegia?
3. Grip strength or arm drift?
4. Dysphasic? Aphasic?
5. Onset of signs/symptoms?
6. Facial droop? Difficulty swallowing? Confusion,
Hallucinations, Stupor, Delirium
7. Vertigo, Focal weakness, Abnormal movements,
Slurred speech, Unsteady gait, Inability to speak
8. Patient able to sit up without assistance?
9. Headache?
10. Nausea/vomit/diarrhea/constipation?
11. BGL?
12. Fever?
13. Interventions by agency?
14. How was patient moved to stretcher?

SAMPLE