

City of Winter Park Fire-Rescue Standard Operating Guideline

310.03

**Title: Quality Assurance Program /
Emergency Medical System**

**Date Issued: December 6, 2005
Date Last Revised: NEW
Revision Number: NEW
Total Pages: 11**

Purpose: To establish the review of field incident reports and on scene care to identify and continually measure the quality of emergency medical care being provided to the citizens of Winter Park. It is the intent of these guidelines to meet, and or exceed the requirements of Florida Statute 401 and 64E (section 8) as well as the current Protocols developed by the Medical Direction with whom the Department has a current contract.

Scope: The guidelines prescribed are applicable to all employees of the Fire-Rescue department and may not be deviated from without the expressed, written permission of the current Medical Direction with whom the Department has a current contract and the EMS Supervisors.

General: Information received through the review of medical field incident reports and on-scene observation of care provided will be used in focused studies and education, benchmarking, and performance outcomes which will improve the overall quality of service provided by the Winter Park Fire-Rescue Department.

310.03.01. Quality Assurance Review Categories:

- Trauma Code
- Trauma Alert
- Cardiac Alert
- Medical Code
- Pediatric Code
- Pediatric Trauma
- Pediatric ALS
- Death Scene
- Dispatch Data / EMD
- Patient Refusal of Care
- Invasive Airway Techniques
- IV Techniques
- Administration of Medications
- Random Selection

310.03.02. Components of the EMS Quality Management Program:

Review of the Standard of Care as set forth in Florida Statute and the current Protocols developed by the Medical Direction with whom the Department has a current contract in the following areas:

- EMS Report Documentation
- On-Scene Observations
- Radio Report Format / Content Evaluation
- Performance Standards and Skill Evaluation
- Patient Outcome

The above areas will be reviewed for:

- Call time date / Completion time date
- Quality of Care Delivered / Customer Satisfaction
- Process Improvement Needs
- System-wide Remediation Requirements
- Individual Remediation Requirements

The following areas of the EMS Run Report document shall be reviewed as basic criteria for all reports:

- Patient Identification on ALL pages
- Biographical and Personal Data
- Paramedic / EMT Identification
- Entry Date
- Legibility
- Identification of Chief Complaint
- Patient History / Pertinent
- Physical Examination Results
- Diagnosis
- Documentation of ALL treatment
- Medically Appropriate Care
- Narrative which documents all pertinent patient care along with and unusual occurrences.

310.03.03. Data Collection:

On-scene data collection is performed through the completion of the *Winter Park Fire-Rescue Abbreviated EMS Report*. This document provides a quick means of gathering patient data to be used to complete

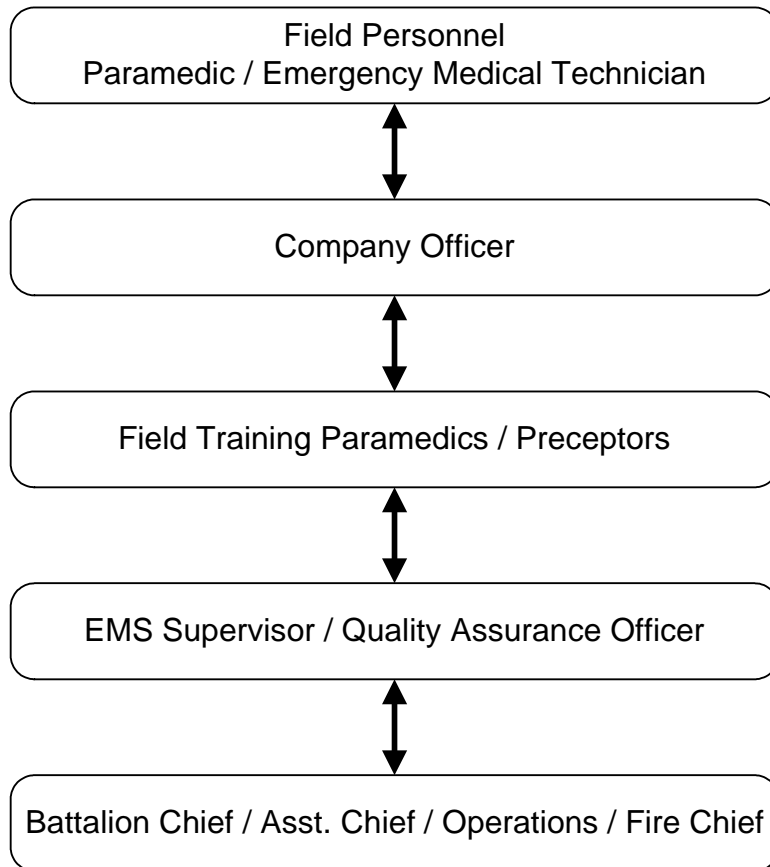
310.03.04. Patient Care Review Process:

In order to provide consistent and constant review of our procedures, The following steps shall be followed for each patient who receives care.

- EMS report is generated by field personnel for any EMS response where patient contact is made.
- Upon completion of the electronic EMS report, the Station officer shall review the information to ensure the required fields are complete.
- After the report is completed, it is reviewed by the assigned Field Training Paramedic or Preceptor for compliance to practice parameters. The goal is to review ALL EMS reports by the completion of the next duty shift. (72 hours)
- All reports reflecting a high degree of quality in patient care or which may have questions regarding compliance with current protocols will be flagged for further review by the EMS Supervisors.
- The EMS Supervisors will advise the appropriate Shift Commander (Battalion Chief) of the recognition of excellent care, or any non-compliance issue, and provide any follow-up required to mitigate the issue.
- The EMS Supervisors will track all trends in service to determine future needs for training and or changes in the protocols. All recommended changes to the protocols shall be forwarded, in writing, to the Medical Director for consideration.
- The EMS Supervisors will recognize quality patient care through completion of the *EMS Quality Improvement Action Report*. The completed report shall be forwarded through the Chain of Command to the Fire Chief. Copies of each action report shall be made and placed in the appropriate employee's personnel file at the Fire Department.
- The EMS Supervisors shall prepare a report of data on a quarterly basis. This report shall include all significant responses along with any possible changes in trends, which may affect the operations of the department. The Fire Chief may request other reports at any time.

310.03.05. EMS Quality Assurance Matrix:

The following matrix shall be used to provide continued quality improvement to the department's EMS system. The system should provide continuous feedback between the Field Personnel and the EMS Supervisor through the Field Training Paramedics.



310.03.06. EMS Review Guidelines:

The following guidelines shall be used for the review of either EMS reports or on-scene observations. They are based upon Winter Park Practice Parameters (Protocols) and will be revised as the Practice Parameters are revised.

Trauma Alert / Cardiac Arrest

Treatment Parameters:

- On Scene Time < 10 minutes
- Protocol Adherence
- Advanced Skills Utilized
- Advanced Skills Success Ratio
- Accurate ECG Interpretation

Patient Outcome

- Restoration of Vital Signs
- Maintenance of Vital Signs
- Improvement in Vital Signs

Patient Transportation

- Ground transportation used appropriately
- Air-Medical Transportation used appropriately

Radio Report Review

- Accurate Trauma Designation Given (Trauma Alert)
- Information provided as per the current Protocols developed by the Medical Direction with whom the Department has a current contract.

Medical Cardiac Arrest

Treatment Parameters:

- On Scene Time < 20 minutes
- Protocol Adherence
- Advanced Skills Utilized
- Advanced Skills Success Ratio
- Accurate ECG Interpretation

Patient Outcome

- Restoration of Vital Signs
- Maintenance of Vital Signs

- Improvement in Vital Signs

Patient Transportation

- Ground transportation used to appropriate facility

Radio Report Review

- Information provided as per the current Protocols developed by the Medical Direction with whom the Department has a current contract.

Pediatric ALS / Cardiac Arrest

Treatment Parameters:

- On Scene Time < 20 minutes
- Protocol Adherence
- Advanced Skills Utilized
- Advanced Skills Success Ratio
- Accurate ECG Interpretation

Patient Outcome

- Restoration of Vital Signs
- Maintenance of Vital Signs
- Improvement in Vital Signs

Patient Transportation

- Ground transportation used to appropriate facility

Radio Report Review

- Information provided as per the current Protocols developed by the Medical Direction with whom the Department has a current contract.

Pediatric Trauma

Treatment Parameters:

- On Scene Time < 10 minutes
- Protocol Adherence
- Advanced Skills Utilized
- Advanced Skills Success Ratio
- Accurate ECG Interpretation

Patient Outcome

- Restoration of Vital Signs
- Maintenance of Vital Signs
- Improvement in Vital Signs

Patient Transportation

- Ground transportation used appropriately
- Air-Medical Transportation used appropriately

Radio Report Review

- Accurate Trauma Designation Given (Trauma Alert)
- Information provided as per the current Protocols developed by the Medical Direction with whom the Department has a current contract.

Death Scenes

Treatment Parameters

- Determination of Death Parameter adherence
- Documentation of Parameter met
- Documentation of Contact with the Medical Director (IF REQUIRED)
- Documentation of Acceptable DNR form or Order (if applicable)
- Documentation of applicable scene assessment
- Documentation of notification of appropriate agencies / law enforcement
- Accurate ECG interpretation

Radio Report Review

- Information provided as per the current Protocols developed by the Medical Direction with whom the Department has a current contract.

Dispatch Data

- Average time to dispatch a 9-1-1 call requiring an emergency response
- Average time of response of the first dispatched unit
- Average Medical scene time
- Average Trauma scene time
- Number of Trauma Alerts issued (Annually)
- Average time from on-scene time to Trauma Alert Time issued
- Number of Emergency Responses / Monthly
- Number of Non-Emergency Responses / Monthly
- Number of Patient Transports / Monthly
- Number of Patient Transports by Other Agencies / Monthly

Transport Data

- Number of Patients Treated / Monthly
- Number of Patients / by Unit and Zone / Monthly
- Average Call Duration
- Average Hospital Down Time
- Average Transport Time
- Final Destination / Facility
- Transport Mileage per Patient
- Billing Collection Rate by Percentage

Patient Refusal

- Protocol Adherence
- Patient's Chief Complaint
- Assessment which includes at least one (1) set of Vital Signs
- Working diagnosis, if able to obtain
- Statement of level of consciousness
- Attempts to convince patient to seek treatment if applicable
- Reason given for refusal documented
- Medical Director is required

Invasive Airway Techniques

Oral, Nasal or Digital Intubation

- Treatment parameters per Standards of Care
- Documentation:
- Performed per Standards of Care
- Bilateral breath sounds present
- Oxygen Supplementation
- Changes in Patient after Assessment

Cricothyrotomy

- Performed within Standards of Care
- Documentation:
- Performed per Standards of Care
- Amount of bleeding
- Bilateral Breath sounds present
- Oxygen Supplementation

Patient Disposition

- Patent airway on first attempt
- Patent airway on second attempt
- Patent airway on greater than two (2) attempts
- Patient without successful airway patency

IV Techniques

Treatment Parameters

- Per Standard of Care

Documentation

- Site of attempt
- Needle size
- Fluid type and size of bag used
- Rate of flow
- Patency of IV
- Number of attempts
- Complications and reasons for inability to establish IV

Patient Disposition

- Patency
- Complications
- Response to IV fluids

Medication Administration

Treatment Parameters

- Per Standard of Care
- Appropriate medication for working diagnosis

Documentation

- Medication delivered
- Dosage and amount
- Delivery route
- Response to patient to medication
- Any reactions or complications

Patient Disposition

- Expected, positive response to medication
- Untoward reaction

Random Selection

A random selection of 25 to 100% of the remaining reports will be selected for evaluation utilizing the basic components of the Run Report Review.