



McLean County Area EMS System

TITLE: EMS QUALITY COUNCIL

POLICY STATEMENT:

Continuous Quality Improvement is the watchword within the health care industry today. In business terms, it means to continually adjust services to become more customer oriented. In EMS, our customers are our patients. To better serve the patients of the McLean County Area EMS System, the hospital organizations developed a plan to insure Continuous Quality Improvement in pre-hospital care in the McLean County area.

GOAL/PURPOSE:

To insure Continuous Quality Improvement in pre-hospital care in the McLean County Area EMS System.

POLICY:

- A. The McLean County Area EMS System Quality Council was established in February, 1995. The responsibilities of the Council are as follows:
- Overall management of the joint Quality Improvement Program for the McLean County Area EMS System.
 - Establishing and maintaining standards of care.
 - Establishment and implementation of EMS policy with well-defined expectations.
 - Binding authority of all disciplinary action, but requires agreement with recommended action by the EMS Medical Director.
 - Establishing objective criteria for chart audits as well as focused audits.
 - Evaluate chart audits, focused audits, and recommendations provided by peer QI Teams and implement appropriate PROSPECTIVE educational programs for quality improvement.
 - Assist QI Teams in retrospective per debriefing.
 - Evaluate data collection and chart review performed by the EMS System and implement appropriate PROSPECTIVE educational programs for QI.
 - Evaluate data collection for trending and create educational objectives.
 - Provide retrospective feedback to all EMS Provider members of the McLean County Area EMS System.
 - EMSMD's and Coordinators serve as advisors to QI Teams.
- B. The membership of the Council is comprised of TEN (10) members from the Resource Hospitals, specifically listed below:
- SJMC EMS Medical Director
 - BRMC EMS Medical Director
 - EMS System Coordinator
 - SJMC ECRN
 - BRMC ECRN
 - ALS QI Team Chairperson
 - BLS/ILS QI Team Chairperson
 - Emergency Communications QI Team Chairperson



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- C. The Council formally functions in the following manner:
- Conducted according to “Robert Rules of Order”
 - All members of the Council may vote with exception of QA Coordinator. The QA Coordinator votes in case of ties only.
 - Council bylaws are developed and implemented by the initial Council members.
- D. Peer QI Teams are sub-committees of the EMS Quality Council. These teams meet on a monthly or as needed basis and have the following responsibilities to the Council:
- Report to the Council.
 - Chairperson is a voting member of Quality Council.
 - Assist and recommend to the Council objective criteria for specific chart audits and focused audits.
 - Provide peer review of chart audits and focused audits, and report findings to Quality Council.
 - Make other recommendations to the Council as deemed appropriate.
 - Participate in Peer retrospective debriefing.
- E. The membership of QI Teams is comprised of peers, consisting of the following:
- ALS QI Team - Four or more Paramedic members, Chairperson determined by Team, Ex-officio, non-voting member, Executive Committee Member.
 - BLS/ILS QI Team - Two or more EMT-I members, Two or more EMT-B members, Chairperson determined by Team, Ex-officio, non-voting member, Executive Committee Member.
 - Emergency Communications QI Team - Four or more members, at least one Tele-communicator METCOM, at least one Tele-communicator from Bloomington Dispatch. Chairperson determined by Team, Ex-officio, non- voting member, Executive Committee Member.
- F. The QI Team functions in the following manner:
- Conducted according to “Robert Rules of Order”
 - All members of QI Teams are voting members
 - Chairperson of QI Teams serves as a voting member of the Quality Council