



McLean County Area EMS

Quality Assurance Plan

August 2011

Quality Assurance Plan

Mission Statement

The mission of the McLean County Area EMS System is the provision of effective, safe, cost beneficial, patient-focused, pre-hospital medical and trauma services to those presenting to the EMS System. This mission is accomplished by: pursuing programs focusing on quality improvement; education and training; effective healthcare delivery systems; public education and prevention programs; and developing strong working relationships with other community partners.

Vision Statement

The vision is for the McLean County Area EMS System to be viewed by other local, state and national EMS programs as visionary and trend setting in emergency medical services by demonstrating the highest level of care to citizens utilizing cutting edge technology and innovative service delivery models.

Core Values

- Advocacy
- Patient Safety
- Competency
 - Loyalty
 - Integrity
 - Honesty
- Commitment

Introduction

The McLean County Area EMS System is dedicated to providing the patients we serve with the best possible patient care. This can best be accomplished by continuous quality evaluation and improvement. The mission of the McLean County Area EMS System is the provision of effective, safe, cost-beneficial, patient-focused, pre-hospital medical and trauma services to those presenting to the EMS System.

This mission is accomplished by pursuing the goals of providing strong pre-hospital education and training, building upon an already effective health care delivery system and by identifying and resolving potential problem areas which can jeopardize the patient, healthcare provider, or community. The McLean County Area EMS System Quality Assurance Plan is designed to encourage personal and team excellence in patient care while identifying and addressing opportunities for improvement within the system.

While striving for excellence, the EMS System's quality improvement program focuses on outcome of pre-hospital care as well as treatment and services. This is done through constant evaluation of our policies, standing medical orders, education, and patient care reports. The EMS Quality Plan recognizes that a Quality Improvement program is an on-going, dynamic process that takes time to develop and implement.

Purpose and Objectives

The purpose of the McLean County Area EMS Quality Assurance program is to promote, enhance and ensure quality emergency medical care to our community at large, through information analysis, education and coordination of system activities, personnel and resources. The objectives to meet this purpose include:

- ❖ To identify trends in out-of-hospital care
- ❖ To set performance standards and indicators related to these aspects of care
- ❖ To collect and organize data in an attempt to obtain outcome-based information
- ❖ To provide feedback and promote training on certain Quality issues:

- Commendations for a job well done
- Case reviews
- Counseling on specific issues
- System approved training
- Skills evaluations
- Evidence-based research
- ❖ To recognize, reward, and reinforce positive patient care and behavior
- ❖ To include all levels of EMS in the quality improvement process

Quality Assurance Components

The components of the Quality Assurance Plan are directed at assuring competency of the EMS provider and evaluating the appropriateness and effectiveness of patient care provided in the pre-hospital setting. Utilizing these components facilitates improving the quality of patient care by recognizing and rewarding high standards of care, identifying and resolving patient care deficiencies and identifying educational needs.

Components of the MCAEMS System Quality Assurance Plan include:

- ❖ System Oversight and Medical Control
- ❖ Protocol Development
- ❖ Case Reviews
- ❖ Communications and Reporting
- ❖ Data Collection
- ❖ Quality Indicators for each level of service
- ❖ Quality Review Forms
- ❖ Peer Review
- ❖ Quality Improvement forms
- ❖ Disciplinary Action and System Suspension
- ❖ System Certification
- ❖ Continuing Education and Skills Evaluation
- ❖ Instructor Evaluation
- ❖ Preceptor Training Program
- ❖ Infection Control Policy
- ❖ Vehicle Inspections

System Oversight and Medical Control

Administrative Board

The EMS Administrative Board, consisting of the EMS Medical Director and the EMS Administrators from both BroMenn Regional Medical Center and OSF St. Joseph Medical Center, provides oversight for the McLean County Area EMS System including ultimate responsibility for the quality of care, treatment, and services provided through the EMS System. Working with the EMS System Coordinator, the EMS Administrative Board assures the appropriate direction, provision of resources and education needed for an effective quality improvement program. The EMS Administrative Board is kept informed of all appropriate quality improvement activities through the McLean County Area EMS System Quality Assurance Coordinator and the Quality Council, and when necessary, acts upon issues that are critical to patient care and safety.

Medical Control

The EMS Medical Director provides medical oversight of the EMS System. This includes both direct and in-direct medical oversight. The EMS Medical Director or designee (ECRN or the Emergency Department MD) provides immediate medical direction or consultation directly to pre-hospital providers through radio or telephone communications, in accordance with the System protocols and policies and procedures. This includes orders to give or withhold medications or procedures based on the pre-hospital provider's assessment. Direction for other high-risk areas, such as Do-Not-Resuscitate orders, pre-hospital deaths and refusals is also provided.

The EMS Medical director also provides medical oversight in-directly. This includes, but is not limited to protocol and policy development, quality assurance and improvement activities, education and communications.

The EMS System's protocols, as well as policies and procedures are intended to establish the Standard of Care which is expected of all McLean County Area EMS System providers. These protocols reflect nationally recommended treatment modalities for providing patient care in the pre-hospital setting.

All radio or telephone pre-hospital reports and corresponding logs are recorded and stored at the resource hospital for a minimum of seven years.

Quality Council

The EMS Quality Improvement Council is the EMS System's Quality Improvement coordinating group. The EMS Quality Improvement Council assures implementation of the Quality Improvement Program through oversight of the EMS Systems Quality Improvement plan, and may implement Quality Improvement activities for provider agencies within the EMS System, or establish committees to address issues which cross agency, jurisdictional, or discipline boundaries. The EMS Quality Improvement Council shall have the responsibility for outlining priorities, developing plans, and allocating resources to support the improvement of quality and safety improvement activities.

Quality Assurance Coordinator

The EMS Quality Coordinator, along with the EMS System staff will provide support to the EMS System's Quality Improvement Council in providing oversight and direction for implementation of the Quality Improvement Program. The EMS Quality Coordinator assists with staff education and the coordination of quality improvement activities throughout the EMS System, including quality measurement, data analysis, project planning and implementation, and annual evaluation of the Quality Improvement Program's effectiveness.

EMS System

The EMS System shall promote an environment that fosters cooperation across all providers and disciplines, and sets expectations relevant to quality and quality improvement. Every EMS System provider member is encouraged to identify opportunities to improve quality and safety, to participate in agency, and across discipline, quality improvement activities, and to comply with changes in practice designed to improve quality.

Protocol Development

Protocol Development is an ever-changing process. The process of protocol development looks at patient outcomes and evidence-based research to provide a standard of care for the treatment of patients in the pre-hospital setting. The Medical Director provides ultimate direction for protocol development. Protocols should reflect recent advances in pre-hospital care and be constantly reviewed and revised. Quality Improvement uses protocol development to obtain high standards in patient care and to provide a standard in which to evaluate the care rendered to the pre-hospital patients. When a problem is encountered through quality reviews, the protocols are reviewed to see if there is a way to revise them to prevent deviations in care and reduce errors. It is recognized that greater results can be gained by improving whole processes rather than blaming individuals when something goes wrong.

Case Reviews

Case Reviews are a valuable tool in the quality assurance process. Case reviews are now included in the monthly education sessions and are open to all pre-hospital care providers as well as dispatchers and emergency department personnel. Pre-hospital calls that provide an opportunity for education are reviewed during the case reviews. This includes the review of all run reports from each level of care (First Responder, BLS, ILS, ALS), as well as radio reports, dispatch records and patient care records from the receiving hospital. The purpose of case reviews is to review pre-hospital calls for educational purposes. This includes review of documentation, policy and procedure, as well as how the pre-hospital care related to the outcome of the patient. This helps to close the feedback loop between the EMS system and the receiving hospitals. During the case reviews all patient information is considered confidential and every attempt is made to protect the patient's privacy.

Communications and Reporting

Communication is an important aspect of Quality Improvement. Communication is the link between the activities of the Quality Assurance Coordinator, the EMS Office, Quality Council, System Hospitals, EMS Agencies and the providers themselves. Communication also provides feedback to the EMS providers on the care they perform.

The EMS office sends memos and bulletins to agency contact persons on a regular basis to be distributed to the agency members. When there is an individual quality issue, depending on the severity and nature, either the agency quality contact person is provided with the information through a *Call Review Form* or the provider is contacted directly.

Agencies will be provided with a quality report of the quality indicators for their level of service. The frequency of these reports will depend on their agency call volume. High call volume agencies (>100 calls/month) will receive monthly reports. Medium call volume agencies (30-100 calls/month) will receive quarterly reports. Low call volume agencies (<30 calls/month) will receive annual reports.

The EMS Administrative Council as well as the Medical Director and the EMS System Coordinator will be kept informed of any quality issues and may request information at any time.

EMS Agencies and providers will be made aware of general quality issues through the Quality Council representatives, the Affiliate Meetings or Quality memos. It is each individual's responsibility to report quality issues to the Quality Assurance Coordinator or the EMS System Coordinator. This may be done through the *Incident Report Form* or the *Improvement Opportunity Report Form*.

Data Collection

There are two computerized programs in the McLean County Area EMS System for computer generated run reports and data collection. These are Code Red and Firehouse. These computer programs provide a

means for providers to enter their run information electronically to generate a patient report. The patient care report can be obtained through the server for quality review. The data entered meets the standards of the National EMS Information System (NEMIS) and the state of Illinois data sets and provides consistent data collection. The data can be uploaded to the state for reporting and can be generated into quality reports. These reports may be individualized to the provider or may be agency or system-wide.

Alternate response agencies have the option to document either with computer generated or written reports and these will need to be submitted to the EMS office for quality review. Refusals are also done on pre-printed refusal forms and submitted to the EMS office for review.

Quality Indicators

A minimum of five quality indicators for each level of provider will be developed and evaluated with routine chart reviews from each agency. These indicators will reflect priorities that the EMS Quality Assurance Coordinator along with the System Coordinator and EMS Educator has identified. The following items are taken into account when identifying Quality indicators for the EMS System:

- ❖ New medications, procedures or protocols in the EMS System
- ❖ Identified concerns and/or opportunities for improvement discovered through previous QI/QA activities
- ❖ High-risk procedures including:
 - Intubations
 - Cardiac or Trauma Resuscitation
 - Patient Restraints

Each Quality Indicator identified will include an applicable dimension from the following:

- ❖ Timeliness
- ❖ Appropriateness
- ❖ Effectiveness
- ❖ Efficiency
- ❖ Cost effectiveness

The Quality Indicators will also include a **Threshold** goal (minimum expected percentage), a **Target** goal (desired percentage of compliance) and a **Stretch/Outstanding** goal (perfect compliance). The Quality Indicators will be written in a positive format, (i.e. Successful intubations out of all attempts).

Peer Review

Peer review is a way EMS personnel can review the patient care reports of their peers. The purpose of Peer Review is to evaluate the documentation on calls as well as protocol implementation. This is also an educational tool for EMS personnel to learn from each other. It will be left up to each agency to determine the amount of peer review to be done each month within their agency. Forms have been developed to assist in the process of Peer Review as follows:

- ❖ Cardiac Review Form
- ❖ Medical Review Form
- ❖ Trauma Review Form
- ❖ Cardiac Arrest Review Form

Quality Improvement Forms

Many forms assist in the Quality Improvement plan for communicating quality issues between individuals, agencies and the EMS office. These forms include:

- ❖ Incident Report Form
- ❖ Improvement Opportunity Report
- ❖ Service Excellence Report
- ❖ Incident Investigation Form
- ❖ Call Review Form

Disciplinary Action and System Suspension

Pre-hospital patient care is very dynamic and many variables exist with each EMS run. As such, the “perfect” EMS call simply does not exist. Coaching and/or remediation related to all aspects of pre-hospital care is intended to assist the EMS provider in improving cognitive knowledge, psychomotor skills, and/or affective behavior in their interactions with patients, family members and other caregivers.

Cases are reviewed by the MCAEMS Quality Assurance Coordinator in conjunction with the Medical Director. The EMS provider will be given the opportunity to discuss deviations from protocol, deviations from standard of care or issues dealing with the provider’s behavior with the MCAEMS Medical Director or his designee. A *Performance Improvement Plan* will be developed by the EMS provider in conjunction with the Quality Assurance Coordinator. The MCAEMS Medical Director will have the ultimate decision in the course of action for the provider.

Guidelines for Disciplinary Action

Although the focus of the MCAEMS Quality Plan is improvement, disciplinary action may be utilized in certain circumstances. These circumstances include, but are not limited to:

1. Indifference on the part of the individual provider regarding remedial activities aimed at quality improvement.
2. Engaging in dishonorable, unethical or unprofessional conduct of a character likely to deceive, defraud or harm the public. This includes, but is not limited to:
 - ◆ Intentional falsification of documentation.
 - ◆ Conscious efforts to “cover up” serious errors.
 - ◆ Patient abandonment or neglect.
 - ◆ Discrimination in rendering emergency care based on race, gender, creed, religion, national origin, or ability to pay.
 - ◆ Use of intoxicating agents, controlled substances, or other drugs in such a manner to adversely affect the individual provider’s duties.
 - ◆ Removal of controlled substances, non-controlled substance drugs or equipment from the ambulance, health care facility or other work place location.
3. Continued disregard for MCAEMS protocols, policies and procedures.

4. A pattern of medical incompetence in the provision of emergency care.
5. Physical or mental impairment to the extent that the individual provider cannot physically perform emergency care or cannot exercise appropriate judgment, skill and safety in performing emergency care.
6. The MCAEMS Medical Director has sufficient reason to believe the EMS provider poses an imminent hazard to the public, provider agency or the System in general.

Disciplinary Action Levels

The level of disciplinary action taken is at the discretion of the MCAEMS Medical Director. This may include, but is not limited to, any of the following:

- ❖ **Verbal Warning** – The EMS Medical Director or designee shall inform the individual of reported misconduct, discuss means of correction and inform the individual of the consequences, if the misconduct is not corrected. Documentation of this conference will be placed in the individual's file.
- ❖ **Written Warning** – The EMS Medical Director or designee shall inform the individual in writing about the misconduct. The individual shall be requested to complete a *Performance Improvement Plan* in conjunction with the Quality Assurance Coordinator and/or EMS Coordinator and Medical Director. This *Performance Improvement Plan* will be signed by all involved parties and will serve as a written warning in the individual's file.
- ❖ **Suspension** – System Suspension shall follow the written warning in instances where the individual has failed to correct medical misconduct in the allotted time. Per Section 515.420 of the Illinois Administrative Code, *an EMS Medical Director may suspend from participation within the System any individual, individual provider or other participant considered not to be meeting the requirements of the Program Plan of that approved EMS System.*

In case of serious misconduct, the EMS Medical Director may bypass the verbal and/or written warning process and suspend the individual from the EMS System.

At the discretion of the EMS office, some cases may be referred to the individual's training officer and/or supervisor for discussion. They will then follow-up with the EMS Office regarding the outcome of the discussion and, if needed, plan for improvement.

All cases are investigated using the *Incident Review and Investigation Form* for documentation purposes. Any pertinent information including, e-mails, incident reports, patient care reports, and letters will be included with the Investigation Form.

Except in extreme circumstances, judgment as to the competence of a specific EMS provider should be evaluated on a number of cases and not a single isolated case.

System Suspension Due Process

In accordance with Section 515.420 of the Illinois Administrative Code:

1. The EMS Medical Director shall provide the individual, individual provider or other participant with a written explanation of the reason for the suspension; the terms, length and condition of the suspension; and the date the suspension will commence, unless a hearing is requested.
2. The suspended participant shall have **15 days** from the date of receipt of the written notice to request a review of the suspension by the Local System Review Board prior to suspension. Failure to request a review of the suspension within fifteen (15) days shall constitute a waiver of the right to a Local System Review Board hearing.
3. The Resource Hospital shall designate a Local System Review Board consisting of at least three (3) members:
 - ❖ One of whom is an Emergency Department physician with knowledge of EMS.
 - ❖ One of whom is an EMT
 - ❖ One of whom is of the same professional category as the participant requesting the hearing.
4. The MCAEMS Medical Director shall prepare and post the Local System Review Board list in a 24-hour accessible location.
5. The hearing shall commence as soon as possible but at least within twenty-one (21) days after receipt of a written request.
6. The MCAEMS Medical Director will arrange for a certified shorthand reporter to make a stenographic record of the hearing and thereafter prepare a transcript of the proceedings. ***The suspended EMT will be responsible for 50% of the cost.***
7. The transcript, all documents or materials received as evidence during the hearing, and the Local System Review Board's written decision shall be retained in the custody of the MCAEMS System.
8. The MCAEMS System shall implement a decision of the Local System Review Board unless that decision has been appealed to the State Emergency Medical Service Disciplinary Review Board.
9. The Local System Review Board shall state in writing its decision to affirm, modify or reverse the suspension order. Such decision shall be sent via certified mail or personal service within five (5) days after the conclusion of the hearing to the MCAEMS Medical Director and the participant who requested the hearing.
10. The MCAEMS Medical Director shall notify IDPH, in writing, within five (5) business days after the Local System Review Board's decision. The notice shall include a statement detailing the duration and grounds for suspension, if upheld, modified or reversed.
11. If the Local System Review Board affirms or modifies the MCAEMS Medical Director's suspension order, the participant shall have the opportunity for review of the Local System Review Board's decision by the State EMS Disciplinary Review Board.
12. The participant may elect to bypass the Local System Review Board and seek direct review of the MCAEMS Medical Director's suspension order by the State EMS Disciplinary Review Board.
13. Requests for review by the State EMS Disciplinary Review Board shall be submitted in writing to the Chief of Emergency Medical Services and Highway Safety within ten (10) days after receiving the Local Review Board's decision. A copy of the Local System Review Board's decision or the MCAEMS Medical Director's suspension order shall be enclosed.

14. *An EMS Medical Director may immediately suspend an individual, individual provider or other participant if he or she finds that the information in his or her possession indicates that the continuation in practice by an EMT or other provider would constitute an imminent danger to the public. The suspended EMT or other provider shall be issued an immediate verbal notification followed by a written suspension order to the EMT or other provider by the EMS Medical Director which states the length, terms and basis for the suspension. (Section 3.40(c) of the Act)*

- ❖ The EMS Medical Director must deliver to IDPH a copy of the suspension order and any copies of written materials which relates to his decision of suspension within 24 hours.
- ❖ The EMT or provider also has 24 hours to submit to IDPH a written response to the suspension and any written material related to the response.
- ❖ Within 24 hours after receiving these documents, the Director or Director's designee will determine if the suspension will be upheld until a hearing is conducted or the suspension stayed until the results of the review. The Director or Director's designee will contact the Medical Director with this information who in turn will contact the suspended EMT.

Local System Review Board

In compliance with Section 515.420 subsection (d) of the Illinois Administrative Code, listed below is the McLean County Area EMS System Local Review Board members. The MCAEMS System will utilize a three (3) member system review board.

The MCAEMS Medical Director shall appoint an Emergency Department Physician from within the McLean County Area EMS System who is not the Medical Director. Two other voting members, one of which will also function as chairperson, shall be designated via a pre-determined list provided by the Resource Hospital.

The list shall consist of the names of two providers in each provider category. If the requesting party has objections to the list or a potential conflict of interest exists, then the Resource Hospital shall develop an alternate list at the time of the objection or conflict.

The MCAEMS System Review Board list will be reviewed in January each year. In the event a board member no longer wishes to participate during that year, he or she will be removed from the list and an immediate replacement will be appointed by the EMS Office.

**McLean County Area EMS System
Review Board**

Provider Category

System Review Board Members

First Responder

Daryel Petersen – Hennepin Fire Department
Larry Mowery – Heyworth

EMT – Basic

Lisa Bruner - Clinton Ambulance
Dylan Ferguson – LeRoy

EMT – Intermediate

Matthew Gensini- Putnam County
Carl Reeb – Bloomington Fire

EMT – Paramedic

Joel Gollnitz –Normal Fire Department

PHRN

To Be Determined
To Be Determined

ECRN

To be Determined

McLean County Area EMS System Recognition to Function

System recognition to function is a **privilege** granted by the MCAEMS Medical Director in accordance with MCAEMS System policies and the rules and regulations of the Illinois Department of Public Health. The MCAEMS Medical Director is responsible for the actions of System certified EMS providers and it is the responsibility of the Resource Hospital to confirm the credentials of the EMS providers functioning within the McLean County Area EMS System.

System recognition is divided into two (2) categories:

- ◆ Current members of the McLean County Area EMS System wishing to change their level of participation within the System
- ◆ Requests to participate from outside of the McLean County Area EMS System (including outside the State of Illinois)

Current MCAEMS System Members

The following steps must be taken in order to change level of participation within the MCAEMS System:

1. The applicant shall submit copies of the following credentials:
 - ◆ Current IDPH license (EMT-B, EMT-I, EMT-P, or PHRN)
 - ◆ National Registry (if applicable)
 - ◆ ACLS (EMT-I, EMT-P & PHRN)
 - ◆ PEPP or PALS (EMT-I, EMT-P & PHRN)
 - ◆ PHTLS or ITLS (EMT-I, EMT-P & PHRN)
 - ◆ CPR for Healthcare Provider {or equivalent} (All levels)
2. The MCAEMS System Education Coordinator will then conduct a pre-interview with *qualified* applicants.
3. The applicant must successfully pass the MCAEMS System Protocol Exam appropriate for the level of participation. A score of 80% or greater must be achieved. The applicant may be permitted to take the exam twice with the MCAEMS Medical Director approval.
4. EMT-I, EMT-P & PHRN must successfully pass the MCAEMS System scenario based practical test at the level of care they are upgrading/entering the system.
5. Upon successful completion of the above requirements, the applicant will meet with the MCAEMS Medical Director, or designee, for final approval for System participation.
6. Once the applicant has been System approved by the MCAEMS Medical Director, a letter of confirmation will be sent to the individual.
7. The individual will then be entered into the MCAEMS System database and a personnel file created.

Providers from Outside of the McLean County Area EMS System

Any providers from outside of the McLean County Area EMS System wishing to gain entry into the McLean County Area EMS System must meet the same requirements as current System providers (as outlined in the preceding section). In addition, they must:

1. Have a recommendation from a McLean County Area EMS System provider agency. The agency must inform the EMS Office of the applicant's potential for hire or volunteer service.
2. Submit a completed *System Entrance Application* to the EMS Office. The application is available on the MCAEMS website (www.mcleancountyems.org).
3. Submit a letter of recommendation from their current EMS Medical Director.
4. Submit a resume which includes their educational background and employment history.

Continuing Education and Skills Evaluation

The McLean County Area EMS System strives to offer continuing education throughout the year and to assist provider agencies in planning and coordinating continuing education programs. Agencies in the MCAEMS System are encouraged to provide continuing education opportunities for their personnel and to appoint a training officer to assist personnel with re-licensure and MCAEMS System requirements. The EMS Office will mandate six topics (four for First Responders) a year to be offered in continuing education. These topics will be chosen based on needs found through quality improvement opportunities and educational needs. The remainder topics are at the discretion of the Agency Training Officer, but must be approved by the EMS Office and IDPH.

It is the individual responsibility of each MCAEMS System provider to maintain all required System certifications and meet continuing education requirements in order to continue participation in the McLean County Area EMS System.

McLean County Area EMS System Re-licensure Requirements

To be re-licensed as an EMS provider in the MCAEMS System the provider shall:

1. Submit the required documentation for renewal with the EMS Office at least sixty (60) days prior to the license expiration date. *Failure to meet this requirement may result in delay or denial of license renewal.*
2. Document and submit continuing education on the McLean County Area EMS System *Continuing Education Record* along with a copy of the provider's current license and copies of all certification cards.
3. Certify, under penalty of perjury, that he or she is not more than thirty (30) days delinquent in complying with a child support order by signing the IDPH *EMT Renewal Notice* (child support statement) per Section 10-65(c) of the Illinois Administrative Procedure Act [5 ILCS 100/10-65(c)].
4. Be referred to the IDPH Region 2 EMS Coordinator for Independent Renewal in the event the provider meets the re-licensure requirements of IDPH but does not meet the requirements of the McLean County Area EMS System.

5. Pay a late fee of \$50.00 to IDPH in the form of a certified check or money order if re-licensure materials are submitted late or within 60 days after the expiration date.
6. Not be allowed to function in the McLean County Area EMS System unless they have a *current* Illinois EMT license or current First Responder recognition.

NOTE: Any EMT whose license has expired for a period of more than 60 days shall be required to reapply for licensure, complete the training program and pass the test, and pay the fees as required for initial licensure.

Continuing Education Requirements

General guidelines:

- ◆ 25% of the provider's didactic continuing education (CE) must be earned through attendance at MCAEMS System-taught courses which are held, or sponsored by, the EMS Office of the Resource Hospital.
- ◆ A maximum of 25% of the CE hours required for re-licensure will be allowed in a single subject area.

First Responder-Defibrillator:

- ◆ 24 hours of CE in a four-year period
- ◆ Current Healthcare Provider CPR card (or equivalent)

EMT-Basic:

- ◆ 120 hours of CE in a four-year period
- ◆ Current Healthcare Provider CPR card (or equivalent)

EMT-Intermediate:

- ◆ 120 hours of CE in a four-year period
- ◆ Current Healthcare Provider CPR card (or equivalent)
- ◆ Current ITLS or PHTLS certification – hours included in the 120 CE
- ◆ Current ACLS certification – hours included in the 120 CE
- ◆ Current PEPP or PALS certification – hours included in the 120 CE

EMT-Paramedic or PHRN:

- ◆ 120 hours of CE in a four-year period
- ◆ Current Healthcare Provider CPR card (or equivalent)
- ◆ Current ITLS or PHTLS certification – hours included in the 120 CE
- ◆ Current PEPP or PALS certification – hours included in the 120 CE
- ◆ Current ACLS certification – hours included in the 120 CE

ECRN

- ◆ 32 hours of CE in a four-year period
- ◆ Current Healthcare Provider CPR card (or equivalent)
- ◆ Current trauma certification (i.e.: TNS, TNCC, ITLS or PHTLS)
- ◆ Current ACLS certification – hours included in the 32 CE

Lead Instructor:

- ◆ 40 hours of CE in a four-year period
- ◆ Lead Instructor has satisfactorily conducted and/or coordinated EMS education programs for at least 6 months in a four-year period
- ◆ Current in all required certifications
- ◆ Is in good standing in the McLean County Area EMS System and has a letter of support from the MCAEMS Medical Director

Completed re-licensure packets must be submitted to the MCAEMS System for review. The EMS office will then submit an electronic transaction card to IDPH and submit the child support statement by fax (if provided to the EMS Office).

License Extensions

Any requests for extensions must be received at least **60 days prior** to the license expiration date using the IDPH *EMS Extension Application*. Extensions are reviewed by the MCAEMS Coordinator on a case by case basis in conjunction with the MCAEMS Medical Director. The maximum extension allowed is 6 months; however, a 6 month extension will not be automatically granted in most cases.

Creditworthy Continuing Education

Continuing education activities must be presented by **qualified** EMS providers or professionals on topics related to EMS. All continuing education activities must be approved and have a valid sit code issued by IDPH.

Examples of EMS topics which are considered to be creditworthy include:

- ◆ Any topic contained in the *National Standard Curriculum* for the level of education provided
- ◆ Human Anatomy & Physiology
- ◆ Preventive Medicine
- ◆ Health & Wellness of the EMS Provider
- ◆ Trauma / Mechanism of Injury
- ◆ Disaster Medicine
- ◆ Documented Clinical Time
- ◆ Protocol Review

Examples of EMS topics which are not considered to be creditworthy include:

- ◆ Vehicle / equipment maintenance
- ◆ Routine staff meetings / roll calls
- ◆ Financial topics (e.g. Medicare billing), even if associated with EMS
- ◆ Firefighting techniques (e.g. Ventilation, Arson Investigation, etc.)
- ◆ Medical topics *unrelated to EMS* (e.g. Nursing theory, Genetic testing, etc.)

- ◆ Liberal arts courses
- ◆ Duty related activities {*paid or volunteer providers*} (e.g. Running calls, vehicle checks, etc.) unless performed without pay under the evaluation of a MCAEMS System approved preceptor.

The above examples are not meant to serve as an all-inclusive list. The McLean County Area EMS System also uses the Illinois Department of Public Health *EMT Re-licensure Recommendations* as a reference for creditworthy CE. It should be noted that these recommendations are considered guidelines only. Final approval for continuing education accepted for re-licensure will be the decision of the MCAEMS Coordinator in conjunction with the MCAEMS Medical Director.

Continuing Education – Agency Responsibilities

1. Each agency should appoint a training officer who is responsible for maintaining continuing education and licensure records. Copies of each provider’s certifications, licenses, CE certificates and training records should be kept on file at the agency.
2. EMS continuing education credits must have IDPH site code approval 60 days prior to the first date of the event. Therefore, training applications must be submitted to the EMS Office at least **90 days** prior in order to allow sufficient time for review. The EMS Office will then forward the training application to IDPH.
3. Agencies should submit a yearly EMS Continuing Education Plan signed by the licensed EMS instructor agreeing to coordinate the quality of the plan. This also needs to be submitted to the EMS Office at least **90 days** prior to the first scheduled session and should include:
 - ◆ Topic of each session
 - ◆ A minimum of three (3) educational objectives for each topic
 - ◆ Speaker and the speaker’s qualifications
 - ◆ Location, date, & time of each session
4. Agencies should maintain records related to continuing education conducted on location. These records must include:
 - ◆ Continuing education plans
 - ◆ Lesson materials / handouts
 - ◆ Sign-in rosters
 - ◆ Copies of certificates issued to the individual providers

These records should be maintained for a period of seven (7) years and readily available for IDPH or EMS Office to review.

Skills Evaluations

Skills Evaluations will be performed on a yearly basis within each agency. High-risk/low-frequency skills such as intubations should be practiced on a regular basis (at least quarterly) to maintain competency. These may be incorporated into monthly continuing education. Each continuing education session should have a “hands-on” session. Skills Evaluations will also be conducted on system entrance or change in level of licensure. Skills evaluations may be conducted by Simulation lab, Scenario-based testing or skill-based testing using National Standard Skills Evaluation Checklists. EMS providers may also be required to take a yearly protocol exam and have a passing grade of 80%.

Instructor Evaluation and Follow-Up

EMS education programs should be conducted with the direction and supervision of an EMS Lead Instructor familiar with the National Standard Curriculum, IDPH rules and regulations and the McLean County Area EMS System standard of care. All McLean County Area EMS System education, training and continuing education courses shall be coordinated by at least one **MCAEMS System-approved** EMS Lead Instructor.

EMS providers wishing to function as a McLean County Area EMS System Lead Instructor must meet the following minimum experience and educational requirements:

1. Currently licensed as an EMT-B, EMT-I, EMT-P, PHRN, RN or Physician
2. A minimum of four (4) years experience in pre-hospital emergency care
3. At least two (2) years of documented teaching experience (i.e. CPR, ACLS, ITLS, PHTLS, PEPP, PALS or experience as a professional educator)
4. Documented successful completion of an approved Lead Instructor Course
5. Current IDPH Lead Instructor approval

Participants of EMS courses and training should be given the opportunity to evaluate the instructor and the program. The McLean County Area EMS System encourages participant feedback utilizing the *Speaker Evaluation Form*.

MCAEMS Office staff will also conduct (unannounced) site visits to various agencies to directly observe and evaluate instructors during training sessions.

Preceptor Training Program

Quality Preceptors help to develop Quality EMS providers. A training program has been implemented to train EMS personnel to be preceptors. This preceptor program will help to provide a consistent method of evaluating new EMT candidates. Training will be held minimally twice each year.

In order to be considered for the position of System Preceptor, the individual must remain active in the McLean County Area EMS System and must meet the following criteria:

- ❖ Maintain a valid license as an EMT-Basic, EMT-Intermediate, EMT-Paramedic or PHRN in the State of Illinois
- ❖ Remain in good standing with an EMS agency in the McLean County Area EMS System.
- ❖ Must have practiced at their level of licensure within the State of Illinois for at least one year
- ❖ Must have practiced at their level of licensure within the McLean County Area EMS System for at least six months to evaluate and precept entire patient case management as well as serve as a student mentor.
- ❖ An individual that has practiced at their level of licensure within the State of Illinois and the McLean County Area EMS System for three to six months may evaluate and precept for procedures only (e.g. IV therapy, medication administration, airway management, hemorrhage control, etc.).

- ❖ The individual must not be on probation or suspension within the above EMS agency.
- ❖ Must complete the McLean County Area EMS System preceptor workshop.
- ❖ Approval from the McLean County Area EMS System Medical Director and agency's chief officer to participate as a preceptor.
- ❖ Demonstrate above average knowledge and skills by achieving a minimum score of 80% on all System written and practical exams.
- ❖ Maintain all MCAEMS System requirements of the specific level of licensure.
- ❖ Attend all updates as needed and presented by the MCAEMS System.

Infection Control

All provider agencies in the McLean County Area EMS System should have a specific infection control plan and exposure prevention program in place. In addition, a post exposure (follow-up) plan should be in place at each agency.

Providers in the McLean County Area EMS System should report any significant exposure that occurs as a result of the performance of their duties. A *significant exposure* has occurred when the provider comes into contact with blood or other potentially infectious materials.

Types of significant exposure could include:

- ◆ Parenteral (e.g. needle stick)
- ◆ Mucous membranes (e.g. eyes, mouth)
- ◆ Non-intact skin (e.g. open sores; cuts; dry, cracked skin)

All exposure incidents should be documented using the *Incident Report Form*. The provider should take the following steps:

1. Immediately notify his or her supervisor.
2. Notify the Emergency Department charge nurse at the receiving hospital upon arrival with the patient and seek treatment as outlined in the McLean County Area EMS System *Infectious Disease Policy*.
3. Complete an *Incident Form*.
4. Forward the *Incident Form* to the EMS Office within 24 hours.

The EMS Office, at the direction of the MCAEMS Medical Director, will provide assistance as needed to assure appropriate follow-up for the provider.

Vehicle Inspections

Vehicle inspections are required each year in order to obtain renewal of the agency/vehicle license. Agencies in the McLean County Area EMS System are expected to follow IDPH equipment guidelines and meet all applicable System requirements as well.

Ambulance Inspection Forms

Ambulance inspections are done by the MCAEMS Coordinator or designee in conjunction with the IDPH Region 2 Coordinator. Agencies are notified in advance of the inspection date and time and are expected to have an agency representative available on site for the appointment.

Per Section 515.800 of the Illinois Administrative Code, agencies are required to submit a \$25.00 fee per vehicle to IDPH. Agencies with twenty (20) or more vehicles will submit a fee of \$500.00 total. This should be sent to the Validation Unit at least 60 days, but no more than 90 days prior to the license expiration.

Any re-inspection required will be **unannounced**. Failure to make suggested corrections could result in disciplinary action including suspension from the McLean County Area EMS System.

New (or additional) ambulances require IDPH and/or MCAEMS System inspection before being placed into service.

Direct Scene Observations

The MCAEMS System Coordinator and/or QA Coordinator may respond directly to MCAEMS agencies emergency scenes to monitor the quality of patient care.

Agency Ambulance Observation

The MCAEMS System Coordinator and/or QA Coordinator may schedule 3rd person observation time to monitor patient care.

Waivers

Any requests to waive IDPH requirements must be submitted on the appropriate form. These include the following:

1. *Ambulance Staffing Waiver Request Form*
2. *Equipment/Vehicle Waiver Request Form*

Requests must be submitted on the appropriate form to the MCAEMS Medical Director. Once the Medical Director has approved, the request will be forwarded to IDPH. The provider will be notified of IDPH's decision to deny or approve the request.

NOTE: Maximum waiver length is **one (1) year**.

Title: EMS Systems Incident Report

Policy Statement:

The EMS Systems Incident Report shall be completed by pre-hospital care providers, emergency department physicians and nurses or any other person directly involved in pre-hospital care in the McLean County Area EMS System whenever an incident which adversely effects or has potential to adversely effect patient care or patient/provider safety occurs or any violation in policy, procedure, protocol has occurred.

Complaints regarding any activity covered by the Emergency medical Services (EMS) Systems Act or any policy, protocol, or standing Medical order of the McLean County Area EMS System, received by the EMS Office staff, or any EMS System member should be documented on an EMS Systems incident Report form. The completed Incident report, along with a copy of the complaint, if received in writing, and supporting documents, must be forwarded to the EMS Office as outlined below. All complaints received in the EMS Office shall be handled in accordance with the EMS System's complaint policy.

When completing the form, describe the incident or specific violation, including a brief narrative summary and any additional documentation that would help describe the incident.

GOAL/PURPOSE:

To properly communicate and address any of the following which may arise in McLean County Area EMS System:

- Incident which adversely effects or has potential to adversely affect patient outcome or patient/provider safety.
- Violation of policy, procedure or protocol.
- Complaints regarding any activity covered by the Emergency Medical Services (EMS) Systems Act or any Policy, Protocol, or Standing Medical Order of the McLean County Area EMS System, received by EMS Office staff, or any EMS System member.

POLICY/PROCEDURE:

- A. When any of the following arise in McLean County Area EMS System an "EMS Systems Incident Report Form" shall be completed and submitted within a timely manner, preferably 24-48 hours:
- B. The purpose of the "Incident Report Form" is to properly communicate and address unusual incidents or violations. Any broader issue that may be corrected through education or presents itself as an opportunity to improve the local delivery of emergency medical services shall be documented on an "IOR Form". (Refer to policy and procedure for "Improvement Opportunity Report")

- C. Once an Incident Report has been received, it shall be reviewed by the EMS Quality Coordinator. The EMS Quality Coordinator will review Incident Reports with the EMS System Coordinator. Those reported incidents which may or did have an adverse effect on a patient outcome, crewmember(s) or the EMS System, shall be reported immediately to the EMS Medical Director. The EMS Medical Director shall determine the course of action to be taken regarding any incident report.

EMS System Coordinator/EMS Quality Coordinator:

EMS Medical Director:

Action Taken:

EMS Medical Director

Date

McLean County Area EMS Coordinator

Date

Title: EMS Systems Improvement Opportunity Report Form

Policy Statement:

The EMS Systems Improvement Opportunity Report Form provides an option for pre-hospital care providers, emergency department physicians and nurses, and any other person directly involved in pre-hospital care in the McLean County Area EMS System to report when an opportunity exists to improve the local emergency medical services or when a situation can be resolved through education. This form is not to be used when an event or incident is being reported that is serious in nature and requires immediate action.

Goal/Purpose:

To properly communicate and address any opportunity to improve the local emergency medical services, or when a situation can be resolved through education.

Policy/Procedure:

- A. When an opportunity exists for improvement in the local emergency medical services or when a situation can be resolved through education the “EMS Systems IOR Form” shall be completed and then submitted to the EMS System Coordinator.
- B. The purpose of the “IOR Form” is to properly communicate and address any situation that may be corrected through education or presents itself as an opportunity to improve the local delivery of emergency medical services. Events that require immediate attention shall be reported on the EMS Systems Incident Form.
- C. Once an IOR form has been received, it shall be reviewed by the EMS System coordinator and then forwarded to the Executive Board.
- D. The EMS Medical Director, Alternative EMS Medical Director, EMS System Coordinator, EMS Education Coordinator and the EMS Quality Coordinator constitute the Executive Board of the McLean County Area EMS Quality Council. The Executive Board may choose to take appropriate action with the IOR Form or defer the report to the McLean County Area EMS Quality Improvement Council.

IMPROVEMENT OPPORTUNITY REPORT

“I.O.R. FORM”

DATE: _____

TIME: _____

SITUATION: Briefly explain the Current situation.

BACKGROUND: Pertinent information related to the situation.

ASSESSMENT: Why did this happen?

RECOMMENDATION: What can be done to improve the situation?

Submitted By: _____

Attach 2nd sheet if needed.

EMS System Coordinator/EMS Quality Coordinator:

EMS Medical Director:

Action Taken:

EMS Medical Director

Date

McLean County Area EMS Coordinator

Date

Title: EMS Systems Service Excellence Report Form

Policy Statement:

As a part of Quality Improvement in EMS, it is important to not only look at areas that need improvement, but to also recognize those that are exceeding the standards in their performance as identified by their peers. This form provides the opportunity to anyone involved in prehospital care including pre-hospital care providers and emergency department physicians and nurses to complement or recognize EMS personnel.

Goal/Purpose:

To provide a means to recognize McLean County Area Emergency Medical Services personnel when they have provided excellent service as perceived by their peers.

Policy/Procedure:

- A. A “Service Excellence Report Form” shall be completed when an individual or unit should be recognized for their excellent service in the EMS system. The form should be sent to the EMS Coordinator.
- B. Once the “Service Excellence Report Form” is received it will be reviewed by the EMS System Coordinator and forwarded to the Quality Assurance Coordinator.
- C. The Quality Assurance Coordinator will review the form as well as the situation surrounding the performance. A letter of recognition will be sent to the individual or unit and a copy placed in their file at the EMS office.

Title: EMS Quality Improvement Council

Policy Statement:

Quality Improvement is the watchword within the health care industry today. Quality Improvement means to continually adjust services to assure prompt response, effective and cost-beneficial care delivery as well as customer satisfaction. In EMS, our customers are our patients and our communities. To better serve the communities and patients of the McLean County Area EMS System, the hospital organizations have established a partnership to insure quality improvement in pre-hospital care in the McLean County area.

Goal/Purpose:

The purpose of the EMS Quality Improvement Council is to ensure Continuous Quality Improvement in pre-hospital care in the service areas of the McLean County Area EMS System.

Policy/Procedure:

- A. The McLean County Area EMS System Quality Council was established in August, 2006. The responsibilities of the Council are as follows:
1. Overall management of the Quality Improvement Program for the Mclean County Area EMS System.
 2. Determining Standards of Care based on National Curriculum, State Rules/Regulations, System Policy, Protocols, and Standing Medical Orders and current practice.
 3. Establishing system-wide Quality Improvement goals for the EMS System.
 4. Identify and prioritize quality indicators for focus during the Quality Plan to achieve the overall system goals.
 5. Determine the desired outcome measures of the quality indicators and compare actual outcome measures. Determine how the results will be measured and what standards are used to evaluate the measured outcomes.
 6. Insure that the system's desired outcome measures are aligned with the overall goals.
 7. Ongoing observation, measurements and feedback, including reviewing recent Incident Reports, I.O.R's and Service Excellence documents.

8. Provide quarterly retrospective feedback at the Affiliate meeting and by memos to all EMS Provider members of the EMS System.

B. The membership of the Council is comprised of seventeen (17) members from the EMS. (See McLean County Area EMS Quality Improvement Bylaws, Article IV, Membership, Section 1.

C. The Council formally functions in the following manner:

1. All members of the Council may vote.
2. Council Chair shall be the EMS Medical Director or designee.
3. Council bylaws are approved by the initial Council members.

McLean County Area EMS Quality Improvement Council Bylaws

Article I. Name

The name of the EMS Quality Improvement Council shall be known as the McLean County Area EMS Quality Improvement Council and referred to as the *Quality Council*.

Article II. Purpose

The purpose of the EMS Quality Council is to insure continuous quality improvement in pre-hospital care in the service areas of the McLean County Area EMS system.

Article III. Meetings

Section 1. There shall be meetings held on the 2nd Wednesday of the first month of each quarter at 1530, unless delay of starting time is warranted as determined by the Council Chair. The total time permitted for each Council meeting is two hours. The location of the meetings shall be at the McLean County Area EMS System Offices. Other meetings of the Council may be necessary, from time to time, as determined by the Council Chair or designee. On those occasions, the Chair or designee shall provide at least ten (10) working days notice to the membership prior to the meeting.

Section 2. Absence of more than three (3) meetings during the period of membership shall constitute replacement of that member on the Council. The member is permitted to send a designee in his/her place on the council, if he/she is unable to attend said meeting and will not count as an absence.

Article IV. Membership

Section 1. Membership of the Council shall consist of the following:

EMS Medical Director or
Alternate EMS Medical Director
EMS System Coordinator
EMS System Quality Coordinator
Bloomington Fire Department Representative
El Paso Ambulance Representative
Normal Fire Department Representative
SJMC ECRN
BRMC ECRN
Paramedic
EMT-Intermediate
EMT-Basic
First Responder/Defib
Emergency Medical Dispatcher – MetComm
Emergency Medical Dispatcher - Bloomington
SJMC Trauma Coordinator
BRMC Trauma Coordinator

Their term shall consist of two years with the option of re-appointment possible.

Section 2. Each member shall have voting authority.

A simple majority of votes shall determine each issue brought for a vote by the Council.

Article V. Officers

The officers of the Council shall be Chairman or designee and Secretary. The EMS Medical Director or designee shall be Chairman, and the EMS Quality Coordinator shall serve as Secretary.

Article VI. Executive Committee

Section 1. The Executive Committee shall consist of the following members of the Council:

EMS Medical Director or
Alternative EMS Medical Director
McLean County Area EMS Coordinator

EMS Quality Coordinator

- Section 2. The Executive Committee shall meet as they deem necessary to insure continuous efficiency of the Quality Improvement Plan of the EMS System. Additional people may be requested to attend, depending on the subject matter involved. The Executive Committee shall reserve the right to make immediate determinations of a specific situation if deemed necessary by the committee. All decisions made shall be in accordance with the Administrative Code of Illinois EMS Systems Act.

Article VII. Records and Notices

- Section 1. It shall be the responsibility of the Secretary to maintain all records of the Council. The records shall be open to the membership of the Council upon request.
- Section 2. It shall be the responsibility of the Council Secretary to make notice of forthcoming meetings and publish minutes of previous meetings.

Article VIII. Amendments

Proposed amendments shall be distributed to the Council membership thirty (30) days prior to the meeting or presentation to the Council and shall require a simple majority vote of the members present for adoption.

Call Review
Agency Follow-up

Date of run: _____ **Incident #:** _____

Agency: _____ **Age / Sex of patient:** _____

Personnel: _____

Notes: _____

***These are suggestions for documentation or improvement opportunities. They do not necessarily require follow-up with our office. Please use for educational purposes.

Incident Review Form

Reason for Investigation			
<input type="checkbox"/> Protocol / Policy Related		<input type="checkbox"/> Other: _____	
Agency Involved: _____			
Date Investigation Started:		Date of Incident:	
Receiving Hospital:		Time of Incident:	
		Run #:	

Define the circumstances for the Medical Review and Investigation:

Outcome:

No Action Required - Call Review Only Meeting with Medical

Director

Referred to Agency QA Personnel Date: _____ Time: _____

Other (See notes)

Reviewed by Medical Director: Yes No

EMS Medical Director Signature & Date

EMS QA Coordinator Signature & Date

Paperwork and material that may accompany this form:

- Incident Reports / Patient Care Reports that pertain to this investigation
- Letters to involved parties
- Dispatch Report
- Correspondence pertaining to investigation

EMS Quality Council 2011

Title	Name
Medical Director	Dr. Doug Ward
Medical Director	Dr. Joel Nilles
EMS Coordinator	Greg Scott
Quality Coordinator	Becky Altic
BFD	Eric Vaughn
El Paso	J.D. Delaney
NFD	Mick Humer
Paramedic	<i>TBD</i>
EMT I	<i>TBD</i>
EMT B	<i>TBD</i>
1 st Responder	<i>TBD</i>
Dispatcher METCOM	Aaron Bean
Dispatcher – Bloomington	Darren Wolf
SJMC Trauma Coordinator	Michelle Smith
Bromenn Trauma Coordinator	Lori Ritter
SJMC ECRN	Courtney Button
Bromenn ECRN	TBD

MCAEMS
Variance from System Policy and Procedure

Date:

TO: Name
 Agency Name

FROM: EMS Quality Assurance Coordinator
RE: Incident # _____

As part of Quality Assurance for McLean County Area EMS, patient charts are routinely reviewed for quality issues with patient care. This is done to insure that our EMS system is providing the best care for our patients. The incident # listed above has been reviewed for quality of care issues in accordance with the McLean County Area EMS System Field Treatment Protocols and the Policy and Procedure Manual as well as complete and appropriate documentation.

The following concerns need to be corrected.

- Patient care inconsistent with standard of care or protocol:**

- Variance from System policy and procedure:**

- Incomplete, inadequate, or improper documentation:** _____
- Other:**

This letter serves as a written warning for the variance(s) shown above. It is expected that these variances will not be repeated at the risk of further discipline. All written warnings require that an incident report indicating the rationale for this treatment be forwarded to the EMS office. Please review the Field Treatment Protocols if needed. If you have any questions, please feel free to call me.

Sincerely,

Quality Assurance Coordinator
McLean County Area EMS System

Cc: EMS System Coordinator
 EMS Medical Director
 Agency File
 EMT personnel file

McLean County Area EMS System Quality Indicator Report – First Responder 2011

Agency _____

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Trauma Notification												
Pre-Hospital Stroke Screens completed												
Pediatric Asthma Patient												
Res-Q-Pod Utilized during Cardiac Arrest ages 12 and older												

Comments/Analysis:

McLean County Area EMS System Quality Indicator Report – EMT-Basic 2011

Agency _____

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
STEMI Notification (when 12-lead available)												
Trauma Notification												
Unstable Trauma Scene Times with GCS <13												
Pre-hospital Stroke Screens Completed												
Pediatric Asthma Patient												
Res-Q-Pod Utilized During Cardiac Arrest ages 12 and older												

Comments/Analysis:

McLean County Area EMS System Quality Indicator Report – ILS/ALS 2011

Agency _____

Indicator	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Successful Intubations												
STEMI Notifications												
Trauma Notifications												
Unstable Trauma Scene Times with GCS <13												
Pre-hospital Stroke Screens Completed												
Pediatric Asthma Patient												
E.Z.- I.O. First Time Attempt Success												
Res-Q-Pod Utilized During Cardiac Arrest ages 12 and older												

Comments/Analysis: