



PRINCE GEORGE'S COUNTY, MARYLAND FIRE/EMERGENCY MEDICAL SERVICES DEPARTMENT GENERAL ORDER

General Order Number: 05-17	Effective Date: January 2010
Division: Emergency Medical	
Chapter: EMS Quality Assurance Program	
By Order of the Fire Chief: Marc S. Bashoor	Revision Date: December 2013

POLICY

This General Order establishes policy and procedures for the continuous evaluation and improvement of emergency medical services (EMS) provided by the Prince George's County Fire/EMS Department through a EMS Quality Assurance and Quality Improvement Program. This program will provide both a forum for continuous system improvement and a means to review significant events in order to promote the delivery of optimal prehospital care.

This General Order applies to all Prince George's County Fire/EMS Department personnel, career and volunteer, involved in any aspect of the provision of pre-hospital emergency medical care. This includes first response EMS care by fire suppression personnel, basic life support ambulance personnel, and advanced life support personnel. This program is implemented under the auspices of the EMS Jurisdictional Program Medical Director in accordance with the Code of Maryland Annotated Regulations (COMAR) Title 30.03.04 governing quality assurance for an EMS Operational Program.

DEFINITIONS

Automatic External Defibrillator (AED) - A device used by first responders/ EMS providers to provide emergency cardiac care.

Code of Maryland Annotated Regulations (COMAR) Title 30 - A sub-section of Maryland regulations that regulate Emergency Medical Services Operational Programs, and mandates that all EMS Operational programs must have a Quality Assurance Plan.

Data - In quality assurance terms, refers to readily available sets of information about a process, treatment, and includes, but is not limited to such things as run sheets, patient care reports, surveys, and demographics.

Database - Refers to the compiling of all pertinent information in an accessible file that can be used to utilize inputted data to analyze all aspects of the data efficiently and completely.

Electronic Patient Care Report (ePCR) -A standardized form that has been adopted by the Prince George's County Fire/EMS Department for the intended use to document patient assessments and treatment modalities. This form provides much of the data used by the Quality Assurance Program.

Emergency Medical Dispatch (EMD) - Refers to a certification level of a dispatcher based on national training and operational guidelines for dispatching units on emergency medical incidents.



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EMS Operational Program - A Jurisdictional EMS Program, or an agency, institution, corporation, or other entity that has been approved by the State of Maryland to operate an emergency medical services program under the rules of COMAR 30.03.02. This includes career, volunteer and commercial EMS operations.

Incident - In quality assurance terms, refers to a significant occurrence or event involving emergency response or care, or a variance from the standard of care.

Medical Director - The Medical Director is mandated by COMAR 30.03.02 to oversee all medical aspects of the EMS Operational System. The Medical Director is ultimately responsible for the implementation and approval of the EMS Program's Quality Assurance Plan.

Medical Review Committee (MRC) - This committee is mandated by COMAR 30.03.04. It is comprised by personnel appointed by the Jurisdictional Medical Director and the EMS Operational Program Director. The Medical Review Committee is responsible for reviewing and overseeing the Quality Assurance program as defined by the jurisdiction's State mandated Quality Assurance plan.

Incident Review Subcommittee (IRC) - A subcommittee of the Medical Review Committee that is tasked with the review and investigation of written or oral allegations that an EMS provider failed to act in accordance with applicable laws, protocols, or that pre-hospital care was below the applicable standard of care.

Maryland Institute of Emergency Medical Services Systems (MIEMSS) - State agency that regulates and credentials all emergency medical service programs and providers within the State of Maryland.

Operational Program Manager- Represents the EMS Operational Program as defined by COMAR 30.02.02. For the Prince George's County Fire/EMS Department, the designated EMS Operational Director is the Emergency Medical Services Commander.

Quality Assurance (QA) - Is an organized method of auditing and evaluating patient care within an EMS System. This is a broad definition that includes both the tracking of specific patient care incidents as well as system wide performance.

Quality Assurance Officer(s) - Are designated by the EMS Operational Program Director and Jurisdictional Medical Director, and are responsible for implementing and monitoring the Quality Assurance program as defined in the EMS Operational Program's State mandated Quality Assurance Plan. The Quality Assurance Officer(s) work under the direction of both the Jurisdictional Medical Director and the EMS Operational Program Director.

Quality Assurance Plan - A COMAR mandated plan that defines and lays out an EMS Operational Program's Quality Assurance/Improvement program. This general order serves as the Quality Assurance/Improvement Plan for Prince George's County Fire/EMS Department.



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Quality Assurance Office - Ensures the implementation of the Quality Assurance Plan, including data entry, information gathering, auditing coordination, database maintenance, and any other duties as assigned by the EMS Operational Program Director.

Quality Improvement (QI) - A systematic and pro-active approach to continuously improve all processes during the delivery of quality emergency medical services. It includes a combination of customer service input, EMS provider training /needs, data acquisition, and a continuous improvement process from a "system-wide" perspective.

Quality Improvement Officer(s) - Are designated by the EMS Operational Program Director and Jurisdictional Medical Director, and are responsible for implementing a systematic and pro-active approach for continuously improving EMS providers within the system. The Quality Improvement Officer(s) work under the direction of both the Jurisdictional Medical Director and the EMS Operational Program Director.

Root Cause - Is the basic, underlying reason for variance from the standard of care. If a root cause is identified, improvement strategies should target the root cause to reach the desired outcome.

Sentinel Event - A rare incident or occurrence that has significant impact on patient outcome or system function.

PROCEDURES / RESPONSIBILITIES

1. General Provisions

The Prince George's County Fire/EMS Department Quality Assurance Program has been created to provide a retrospective, systematic and objective process to assure the optimal delivery of prehospital care. This is done by identifying system failures such as protocol deviations / variances, medication errors, standard of care concerns, poor documentation, and various other standards of care issues. It also identifies positive patient care related activities and trends that could be utilized to improve overall system performance and the delivery of patient care.

2. The Quality Assurance Program Management

The Quality Assurance Program is implemented by the EMS Quality Assurance Office, under the direction of a Quality Assurance Officer, Jurisdictional Medical Director, and the EMS Operational Program Director. The department shall also have in place an Incident Review Sub-Committee and Medical Review Committee to provide a peer reviewed oversight of the Quality Assurance process.

The Quality Assurance Officer(s), the Medical Directors, the Medical Review Committee, and its subcommittees will work closely with the Career and Volunteer operational command officers to keep them informed of the initiation of an investigation of a provider, including any operational issues and status of anyone involved in the quality assurance review process.



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Medical Review Committee:

Medical Review Committee is a peer-review group that creates, maintains, and ensures implementation of the Department's Quality Assurance Plan. The committee reviews cases handled by the Incident Review Subcommittee involving the delivery of inappropriate medical care, and conducts hearings on all cases referred by the Incident Review Subcommittee or individual EMS providers. The committee will make recommendations to the Medical Director for provider remedial action (if indicated). The committee will review and provide input on EMS trends, research, and statistics that could influence how patient care is implemented within the Department and make recommendations to the EMS Operational Program Manager and the Jurisdictional Medical Director on the overall delivery of EMS care within the operational program.

Consist of the following members:

- The Jurisdictional Medical Director/Associate Medical Director
- The EMS Operational Program Director
- The Jurisdictional EMS Quality Assurance Officer(s) – Will serve as committee chairman
- The Jurisdictional EMS Quality Improvement Officer
- Emergency Medical Technician Paramedic – Career
- Emergency Medical Technician Paramedic – Volunteer (or, if designated, the volunteer ALS Coordinator).
- Emergency Medical Technician Basic – Career
- Emergency Medical Technician Basic – Volunteer (or, if designated, the Volunteer EMS Liaison)
- Representative from the Legal Affairs Office
- Representative from the Fire Training Academy

Medical Review Committee Requirements:

- Appointed by the Jurisdictional Medical Director and the EMS Operational Program Manager.
- Only members of the committee can vote on any issues before the committee
- Committee members are only limited by the term of their assigned positions
- The Medical Review Committee shall meet on a quarterly basis.
- A quorum of the Medical Review Committee will consist of at least 50% of the appointed Committee members being present. The attendance of the Jurisdictional Medical Director or Associate Medical Director, and the Jurisdictional Quality Assurance Officer is mandatory for a quorum.



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Incident Review Subcommittee:

The Incident Review Subcommittee will evaluate and make recommendations for any event that requires an interaction between the Jurisdictional Medical Director and an EMS provider. This includes but is not limited to the following; protocol errors or variances, extraordinary care incidents, inappropriate physician orders, inability to carry out physicians orders, any egregious or inappropriate care resulting in harm, and/or any prohibited conduct as listed in COMAR 30.02.04.01. This subcommittee will evaluate the day-to-day Quality Assurance of the Department.

Consist of the following members:

- The Jurisdictional Medical Director/Associate Medical Director
- The EMS Operational Program Manager
- An EMS Quality Assurance Officer
- Quality Improvement Officer
- The Volunteer EMS Liaison

Incident Review Subcommittee Requirements:

- The Incident Review Subcommittee will meet on an "as needed" basis.
- A quorum of the Incident Review Subcommittee will be the Jurisdictional Medical Director/Associate Medical Director and a Jurisdictional EMS Quality Assurance Officer.

Quality Assurance Officer:

The Quality Assurance Officer(s) will manage the implementation of the Quality Assurance Program under the direction of the EMS Operational Program Manager, the Jurisdictional Medical Director, and the Medical Review Committee. They will be responsible to file records and the management of data entry into the database. The Quality Assurance Officer(s) routinely conduct reviews with EMS providers, healthcare facilities, internal and external customers to evaluate clinical performance and compliance with current policies and procedures. In accordance with Maryland Medical Protocol for Emergency Medical Service Providers, make notifications to MIEMSS of all appropriate quality assurance incidents and issues. Implement quality assurance and improvement programs including but not limited to; emergency incident critiques, patient care report audits, AED and LifePak monitor downloads, medical consultation audits, emergency incident data tools, and patient surveys. Coordinates schedules and serves as the chairman of the Departments Medical Review Committee.



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Quality Assurance Officer Requirements:

- Be appointed by the Fire Chief in conjunction with the EMS Operational Program Director and the Jurisdictional Medical Director.
- Meet all COMAR mandated requirements and qualifications.
- The Department will maintain one (1) sworn Officer to fulfill the requirements of this office. The department will strive to add an additional officer in the future.

Quality Improvement Officer

The Quality Improvement Program is designed to take a pro-active approach to improving the EMS service delivery. This is accomplished by evaluating trends (locally and nationally), utilizing current research, and feedback from both our internal and external customers. This information is then used to develop strategic planning of our service delivery, forecasting changes and developing system wide goals to improve the EMS system. Sources of this information include, but are not limited to: Incident Review Database, ePCR Audit Database, Cardiac Arrest/Airway Database, Individual ePCR Forms and Additional Narrative Forms, Cardiac Monitor and AED downloaded information

This information will be utilized to create focused training programs for EMS providers or change current EMS policies and/or procedures. Training components can be designed for various purposes. These include individual providers, certain providers based on certification level, or any/all providers within the EMS Operational Program.

Quality Improvement Officer Requirements:

- Be appointed by the Fire Chief in conjunction with the EMS Operational Program Director and the Jurisdictional Medical Director.
- Meet all COMAR mandated requirements and qualifications.
- The Department will maintain one (1) sworn Officer to fulfill the requirements of this office. The department will strive to add an additional officer in the future.

EMS Field Supervisor

The EMS Supervisor or EMS Duty Officer as it pertains to quality assurance is responsible for the concurrent clinical evaluation of field providers during emergency incidents, and shall be used as the initial contact for any immediate quality assurance issue that arise. They will participate in the quality assurance program as directed by the Department's Quality Assurance Officer(s) and EMS Operational Program Manager, and their typical duties will include but are not limited to the following; ePCR audits, database entry, EMS provider clinical reviews, and skill enhancement training (Attachment B). As necessary, they will also provide remedial training and education during the course of the quality assurance/improvement process.

EMS Field Supervisor Requirements:



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- A career officer with in the Prince Georges County Fire/EMS Department
- A Maryland licensed and County Certified Paramedic, and approved Preceptor.
- Be assigned by the Fire Chief or designee in conjunction with the EMS Operational Program Director and the Jurisdictional Medical Director.

3. The Quality Assurance / Medical Review Program

Quality assurance reviews will be carried out by an EMS Field Supervisor, a Quality Assurance Officer, and/or the Volunteer EMS Liaison. Information from these reviews will be entered into a secure database. Depending upon the issue it may be determined the issues can be resolved at that the initial level, or need to be brought before the Incident Review Subcommittee. Any case review entered into the Quality Assurance Database is subject to review by the Medical Director, the Medical Review Committee, and/or the State Compliance Officer.

All Career and Volunteer personnel within the Department shall fully cooperate at all times with all members of the Quality Assurance Office, the Medical Director, the Medical Review Committee, and its subcommittees.

Quality Assurance Reporting Requirements:

All EMS providers are responsible for reporting procedural errors committed, observed, or discovered including any act or failure to act, practice, or judgment involving patient care that is inconsistent with established Maryland Medical Protocols for Emergency Medical Services Providers, Department General Orders related to EMS Operations and patient care, accepted medical practice standards, and any special care procedure(s) authorized by the Jurisdictional Medical Director or on-line medical control. This includes any extraordinary care provided or an inability to carry out a physician directed order. This reporting is required whether or not the incident resulted in any patient status change.

Other Sources for initiation of a QA review will include, but are not limited to:

- Other EMS providers
- Career or volunteer officers, or supervisors
- Random audits or observations of the Quality Assurance Office
- Health care facility staff
- Citizen or patient complaints
- Other agencies or jurisdictions
- MIEMSS or other State agencies
- Self-reported by provider



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The Quality Assurance Review process:

A Quality Assurance review will be completed for any incident made through the outlined reporting requirements and/or at the discretion of a Quality Assurance Officer or the Jurisdictional Medical Director. If a provider is initiating a review immediately following an incident, the reporting provider shall notify their immediate supervisor of the potential issue, without sharing the specifics of the incident, and obtain permission to contact an EMS Field Supervisor or Quality Assurance Officer, however if the first line supervisor is involved in the incident, the next highest level of supervision should be notified.

Upon EMS Field Supervisor immediate notification, the EMS Field Supervisor will be responsible for the following;

EMS Field Supervisor/Initial Review:

Initial review will include identifying the nature of the problem:

- Identify facts
 - Identify root cause and influencing factors of the incident.
- Address root cause, lack of knowledge or skills, limitation of resources, poor communication, conduct issues, etc.
- Interview all EMS providers involved.
- Collection and review of all applicable ePCR's, CAD data and interview notes.
- Documentation of review, findings, interview notes and recommendations to be entered into the Quality Assurance database.
- Ensure notification to the EMS Quality Assurance Officer and/or the Jurisdictional Medical Director for cases that will need to be reported to MIEMSS as outlined in the Maryland Medical Protocols for Emergency Medical Services Providers.

Quality Assurance Office

EMS Quality Assurance Officer will notify the Jurisdictional Medical Director and the EMS Operational Program Manager of all EMS Quality Assurance cases.

All cases will be tracked within the Quality Assurance Database for identification of reoccurring issues, trends, and State reporting and compliance.

The EMS Operational Program Manager will make the determination if a concurrent disciplinary investigation needs to occur. In these cases, a notification shall be made to the Department's Disciplinary Coordinator (DDC) for further review. Information gathered during any portion of a quality assurance review will not be released to the DDC.

The Quality Assurance Office will determine which type of review needs to occur based on facts from the initial case review. The four levels of quality assurance review exist to ensure a systematic approach is taken for each QA review.



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The Quality Assurance review process has four levels of review:

- Level I– Documentation review of ePCR, codestat™, and lifenet™ data. Conducted by EMS Field Supervisors and/or the Quality Assurance Office for random audits of general EMS related calls, all Priority 1 and Priority 4 calls (as defined in Maryland Medical Protocols for Emergency Medical Services Providers) , and various other significant EMS related incidents. EMS providers will not be involved in this level of review.
- Level II - Based on review of electronic patient data, this review will also include an interview with EMS providers involved in patient care during the incident. This interview can be conducted by the EMS Field Supervisor and/or the Quality Assurance Officer.
- Level III – A review that will require the EMS providers to meet with the Internal Review Subcommittee and/or the Medical Review Committee. The review may or may not require (5/35 Day Notification) to MIEMSS.
- Level IV – This review is used for cases that will require notification (5-35 Day Notification) to MIEMSS, the State Medical Director, and will be referred to the Medical Review Committee.

All “Level II, III & IV” QA reviews will be assigned to a primary Quality Assurance Officer for tracking, accountability, and completion of the review process.

Quality Assurance reviews will be assigned a tracking number within the QA database. This number will be the same as the incident number assigned by Public Safety Communications. In general cases where the review is based on a specific EMS provider, the tracking number will be the EMS provider’s MIEMSS ID number.

Incident Review Subcommittee

All QA reviews that are classified as Level III or IV *will have to meet* with IRC.

IRC will recommend remedial actions to the Medical Director, to resolve pre-hospital care issues, including, but not limited to:

- Retraining/Re-education
- Counseling
- Referral to The Medical Review Committee
- Medical/Psychological evaluation
- Operational limitation
- Revocation of jurisdictional affiliation
- Submission to MIEMSS/State Board of EMS for Decertification.

A provider may appeal any decision made by the Incident Review Subcommittee to the Medical Review Committee as a whole.



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Medical Review Committee

Any review done for the purposes of quality assurance is subject to review by the MRC. The MRC will review any case referred by the IRC, provider appeals from the IRC, and all Level IV cases.

Medical Review Committee Meetings will be scheduled by a Quality Assurance Officer.

The EMS Quality Assurance Officer will;

- Coordinate meeting dates and times
- Gather all documentation to include audio records
- Schedule meeting within 30 days of official request.
- Notify all parties, in writing, of scheduled MRC meeting date.

MRC will recommend remedial actions to the Medical Director, to resolve pre-hospital care issues, including, but not limited to:

- Retraining/Re-education
- Counseling
- Medical/Psychological evaluation
- Operational limitation
- Revocation of jurisdictional affiliation
- Submission to MIEMSS/State Board of EMS for review.
- Recommend a change in policy to the State Medical Director
- Find that no further action is warranted
- Request additional investigation and follow-up meeting

For cases in which it is determined to be that behavior or conduct is a significant factor, the MRC may refer the case to EMS Operational Program Manager for a potential disciplinary investigation.

The MRC shall submit written findings to the EMS Operational Program Manager and all EMS providers involved within three (3) business days of the committee meeting.

Jurisdictional Medical Director

The Medical Review Committee and its subcommittees are advisory in nature. The final determination of any action against any provider will be by the Jurisdictional Medical Director and/or State Medical Director. The Medical Director can, at any time, remove the jurisdictional affiliation of any provider, pending the outcome of a quality assurance review (COMAR 30.03.03.06).



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The Jurisdictional Medical Director reserves the right to limit a provider's scope of practice or revoke their jurisdictional affiliation. When this occurs, immediate notification to the State Medical Director will be made in accordance with COMAR 30.03.03.06D and the EMS Operational Program Manager.

All providers who are involved in the quality assurance investigative process at any level are permitted representation. Any representative requested by the provider will fall under all the confidentiality provisions of the Medical Review Committee and its subcommittees (see "Confidentiality", below).

4. Policy Regarding Prompt Response to, and Cooperation with the Quality Assurance Investigation

When any employee or member of the Department, including Career and Volunteer providers, officers, and operational command officers are contacted by the Quality Assurance Office pursuant to a quality assurance review or matter, it shall be the duty of such providers, officers, and operational command officers to promptly and with all due diligence, respond and cooperate in the investigation, inquiry, or request. The designee from the Quality Assurance Office will make good faith efforts to contact the provider on three (3) separate attempts and a courtesy notification to the provider's chief officer or representative. Should the provider and the provider's supervisor, chief officer, or representative fail to promptly respond and cooperate with the designee from the Quality Assurance Office, the provider and supervisor, chief officer, and/or representative shall be deemed to have waived the opportunity to respond and provide their input and information regarding the subject matter of the review, and shall furthermore waive the opportunity to have the matter resolved at a Level I or II review. In this instance, the matter shall automatically be forwarded directly to the Jurisdictional Medical Director (or, at the Medical Director's discretion, to the Medical Review Committee) for final evaluation and determination.

5. Confidentiality

The Medical Review Committee, the Incident Review Subcommittee, and the Quality Assurance Office are established review committees of the Maryland EMS system and are subject to the confidentiality and immunity provisions of the Health Occupations Article 14-501 of the Annotated Code of Maryland, as well as other provisions of that statute. Accordingly, all proceedings, records, files of the Quality Assurance/Improvement program, the Medical Review Committee's operations are confidential by law. Additionally, much of the information gathered while performing quality assurance activities will be deemed confidential by law (State Government Article Sections 10-616{j} and 10-617{b}) because it contains medical or psychological information about individuals or constitutes a medical record. Any information uncovered during a Quality Assurance investigation, interview, statement or conference is confidential and non-discoverable, and cannot be discussed by any member of the Quality Assurance program, as outlined in State law (COMAR 30).



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It is expected that all members of the Medical Review Committee and its subcommittees will maintain the confidentiality of all appropriate information. All such individuals who are exposed to this information shall sign the appropriate confidentiality agreement. Willful and knowing release of information deemed confidential by law could result in criminal penalties or other liabilities to the violator(s). (State Government Article Sections 10-626 and 10-627)

All members involved in the Quality Assurance program are required to complete the "Statement of Confidentiality" (Attachment A). This form will be maintained by the EMS Quality Assurance Officer.

6. Review of Patient Care Reports

Review of patient care reports is a valuable tool for the QA/QI process. All career station officers, paramedic supervisors and Volunteer Chief Designee shall conduct patient care report audits in their respective stations. Station and sector officers shall fill out a QA Audit Summary Form (see attachment #1) for at least 2 EMS calls per day where a patient was transported. This requirement can be accomplished by asking the EMS providers to printing out 2 random reports from a given date.

All QA Audit Summary Forms will be reviewed with the providers and then forwarded to the Quality Assurance Office for database entry. The Quality Assurance Office will conduct random patient care report audits for all providers.

7. Review of Monitor and AED Downloads

The Quality Assurance Office shall review the cardiac monitor downloads of all cardiac arrests. In addition, random reviews of cardiac monitor downloads will be completed on a daily basis. All AED downloads will be reviewed and the corresponding patient care reports form will be audited.

8. Cardiac Arrest/Airway Database

The Quality Assurance Office will collect, and store data, regarding information from the Departmental Advanced Airway Management Quality Improvement Tool.

9. Changes in COMAR

In the event that the language or substance of the COMAR regulations are changed, the policies outlined in this General Order will adjust to accommodate the updated COMAR regulations.

REFERENCES

Code of Maryland Agency Regulations (COMAR) Title 30.03.04



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FORMS / ATTACHMENTS

QA Audit Summary Form



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Quality Assurance / Continued Quality Improvement Audit Form

Utilize the following definitions as you review each documentation element.

S = Satisfactory (element included, clear, and understandable)

I = Inadequate (element omitted, vague, or unclear)

N/A = Not Applicable to this situation

UN = Unknown (unable to obtain this information)

Provide written content for all areas where "inadequate" was noted.

Provider Name:

ID#:

Unit:

Incident #:

E-MAIS #:

Incident Date:

DOCUMENTATION AUDIT ELEMENTS	S	I	N/A	UN	COMMENTS	
Incident Response & Patient Information						
Patient Demographics						
Provider Names & Numbers						
Incident Number & Response Times						
Patient Assessment Elements						
Chief Complaint / Reasons for Patient Encounter						
Past Medical History, Medications, & Allergies						
Neurological Status, Mental Status, Level of Consciousness						
History of Present Illness or Injury						
Airway/Respiratory Assessment						
Physical Assessment						
(Appearance / Physical Exam including pertinent negatives in narrative)						
Vital Signs						
Diagnostics						
(3-Lead/12-Lead ECG, SpO2, EtCO2, Capnography, Blood Glucose)						
Treatment Elements						
Care rendered prior to arrival						
Procedures and Treatments						
(Attempted, performed, & continued and responses)						
Medications Given or Continued						
(Name, dose, route, time, & response)						
Changes in General Patient Condition or Status						
List Protocol(s) Utilized						
Online Medical Direction / Treatment Authorization						
(Physician's Name, Hospital, Orders requested or received)						
Reasons for Revision / Omission of Protocol Treatment						
Triage & Transport Elements						
Priority, Mode of Transport, Disposition						
Triage, Priority Upgrade, Diversion						
Transport Destination, Destination Determination						
Transfer of Care Recorded (Staff Name & Time)						

CLINICAL AUDIT MEASURES	Y	N	N/A	COMMENTS
Response, Scene, & Transport Times Acceptable				
Destination Decision Appropriate				
Appropriate Protocol Followed				
Overall Documentation Adequate				
Treatment / Procedures Appropriate				
Overall Performance Adequate				
Additional Follow-Up Necessary				

ADDITIONAL COMMENTS

Supervisor's Signature

Date

Provider's Signature

Date

Please attach any Quality Assurance / Quality Improvement Recommendations to this form.

Information contained within this audit is confidential and non-discoverable. It is solely used in an effort to improve the performance of emergency medical care and documentation