

## **QUALITY ASSURANCE / QUALITY IMPROVEMENT**

### **PURPOSE:**

To review field incident reports and on-scene care and to identify and continually measure the quality of emergency medical care being provided to the citizens of River Falls and the surrounding areas.

### **GOAL STATEMENT:**

Goal of the QA program is to assure the quality, safe and effective delivery of pre-hospital care. Each provider at RFAAS is guided by the QA program in order to ensure that the following goals are met:

1. Appropriate care of patients
2. Identification of pre-hospital needs.
3. Competence of staff.
4. Minimizing patient risk.
5. Responsiveness to perceived care needs.
6. Using up-to-date technology.
7. Continuous evaluation and improvement of patient care.
8. Compliance with all patient care guidelines.

### **ACTIONS:**

Prevention of quality issues will be attempted by keeping all personnel up to date on our service's policies and guidelines by reviewing any changes that are made during business meetings and also by reviewing existing policies and guidelines periodically during meetings and training. All personnel are individually responsible for knowing and following our service's policies and guidelines. All have gone through orientation of our policies and have signed that they are familiar with them and will follow them.

Every effort will be made to recognize issues that need review. This may include:

- Personnel on the call who believe that the call should have been handled differently or perhaps would just like feedback or have questions on how the call went can request a review of the call by completing a EMS Quality Improvement Form which is available at all times in the metal box on the wall near the men's restroom and are to be turned in to the locked box in the garage under the fax machine.
- After an EMS field report is completed all members of the crew are encouraged to review it for correctness and discuss and fix any discrepancies and ask for a review if there are questions or problems found with the call or if personnel have a difference of opinion regarding the call.
- The Operations Supervisor reviews all reports for verification of appropriate billing information and in the process of such review will pull any reports that are incomplete or in question for a review.
- A random drawing will be made of individual reports periodically for review based on type of call, policies used, skills used, level of skills used, and outcome.
- Any call where skills are performed which are used infrequently especially ALS skills will automatically be routed to be reviewed.
- Any call regardless of type, personnel, level of skills etc can be reviewed at any time for any reason.

**PROCESS:**

Upon recognition for need for review, the run report will be printed out and reviewed by a director along with any pertinent policies that were or should have been followed. Discrepancies will be highlighted and documented on the EMS Quality Improvement Form. The involved personnel will be notified and met with to discuss the call and reminded of the policies involved and the Standards of Care that they are responsible to uphold. All parties involved in the review process will sign the EMS Quality Improvement Form. All paperwork will be forwarded to the medical direction staff for final review and signature(s). As a whole, trends will be noted and if necessary, current policies may be reviewed for change. Training will be done on a policy if it is changed and/or if membership needs review. Also training will be done if specific skills need review or instruction. Every effort will be made to keep run reviews a learning experience and not a disciplinary action. River Falls Ambulance wants to keep an open atmosphere where everyone feels comfortable asking questions and free to learn to their highest potential.

**FOLLOW-UP:**

Any personnel involved in a QA review are entitled to follow up information given to the service by the medical directors in the final review. Any personnel involved in the QA process can request an additional follow up discussion if they feel their questions have not been sufficiently answered or addressed. Final decisions about policy changes and personnel discipline rest with medical direction and the service director. Some reviewed reports may be presented at monthly trainings or business meetings.



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