
**Ames Fire Department
Standard Operating Guidelines**

Book: 1 – Organizations

Section: VII – Records and Reports

Chapter: 1 – **EMS Continuous Quality Improvement**

Date Approved: 04-19-2011 Revision No.: New Approved by: 

PURPOSE:

This Continuous Quality Improvement (CQI) Policy establishes guidelines for the implementation of a program to support Ames Fire Department EMS providers as they strive to provide excellent patient care. These policies intend to provide direction to set measurable goals and define minimum performance standards for the individuals and service. This consistent, fair evaluation practice will provide the routine feedback every provider deserves.

POLICY:

This policy attempts to meet or exceed the requirements of Iowa Code Chapter 147A: Emergency Medical Care—Trauma care and the Iowa Administrative Code (IAC): 641—132.8(147A) Service program levels of care and staffing standards and 641—132.9(147A) Service program—off-line medical direction.

PROCEDURES:

Interaction among the medical director, service leadership, and providers is critical for the success of this CQI program. Each member must understand their roles, responsibilities, and duties as part of the CQI team. Every team member should receive an initial orientation to this policy and be provided with an opportunity for input and updates when amended.

Scope of Practice

EMS providers will function within the current Scope of Practice and as authorized, in writing, by the medical director.

- EMS providers will be provided the opportunity to review the Scope of Practice for Iowa EMS Providers during initial orientation to the service and whenever the scope is officially amended.
- The Fire Department will maintain computerized rosters of all EMS Training documenting initial and periodic staff reviews of the Scope of Practice.
- EMS providers will function within the Scope of Practice for their certification level limited by the service program level of authorization.

Protocols

EMS providers should function as directed in the medical director authorized protocols.

- The medical director and the Fire Department will review and authorize updated protocols on an annual basis.

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- The Fire Department's EMS representative, as assigned by the Fire Chief, is to ensure the Iowa EMS Bureau Regional Coordinator receives the medical director signed authorization and change pages.
- EMS providers will receive initial and annual protocol education.
- The Fire Department will maintain training records that document protocol education.
- EMS providers will function as directed in the medical director approved patient care protocols.
- Treatment rendered that deviates from the approved protocols should be documented on the patient care report (PCR) and brought to the attention of the appointed auditor.

CQI

The medical director may conduct CQI activities or appoint individual(s) to perform written audits of the patient care reports and conduct and document Continuing Education Hours (CEHs) and skill training.

- The medical director may appoint staff to assist with CQI policy implementation including: CEH, skill competency training, written audits, action plans, follow-up, loop-closure and resolution.
- The medical director may define:
 - Personnel CEH requirements.
 - The minimum number and type of skills personnel will practice.
 - The types of responses and number of patient care reports to be audited by the appointees.
- Appointees will implement duties as assigned by the medical director.

Initial Skill Credentialing and On-Going Competency

New Fire Department members may be asked to complete a standard credentialing orientation process that includes baseline medical competencies. All staff will maintain and document ongoing competencies as defined by the physician medical director and the Fire Department's EMS representative.

Medical Audit

The medical director and the appointed Ames Fire Department representative will outline the audit process in writing, defining the type and frequency.

- Within 24 hours, the responding staff will complete a computerized or written patient care report.
- Significant deviation from approved protocol or standard of care should be brought to the attention of the assigned CQI auditor.

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- Any discussion of EMS responses should be considered confidential and limited to those on a need-to-know basis.
- Assigned CQI auditors perform computerized audits as deemed necessary by the medical director.
 - Audits are transferred to a portable document file and emailed to the medical director.
 - The medical director, or assigned designee, then reviews the audits.
 - An audit is to be considered complete when it is entered into the computer by the PCR author, reviewed by responding staff, and the auditor is satisfied with the loop closure.
 - Written audits should be destroyed after 12 months, or when the audit process is complete.

Follow-Up and Loop Closure

The medical director and the appointed Ames Fire Department representative may choose to utilize a written action plan as needed, to address personnel, vehicle, equipment, and system challenges.

- An action plan may be implemented (but not limited to) when the following occur:
 - Significant deviation from written protocol or standard of care.
 - Delay of response or treatment.
 - Vehicle or equipment failure.
 - System difficulty.
- Written action plans may be used to monitor the situation until the desired improvement is achieved.

Measurable Outcomes

The medical director may choose to establish measurable outcomes consistent with strategic planning goals and unique needs of the Ames Fire Department to appraise the overall effectiveness and efficiency of the EMS system.


- An appointed Ames Fire Department representative or CQI designee may choose to measure the following times for all emergency responses:
 - Average time from first page to en-route.
 - Average time from first page to arrival at scene.
 - Average scene time for medical.
 - Average scene time for trauma.
 - Or other additional indicators.
- Outcomes may be reported to EMS staff and the medical director.

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Equipment and Vehicle Checklist / Maintenance

All Ames Fire Department members share the duty of performing vehicle and equipment checks and documenting these on the appropriate forms within the pre-determined timeframe. Vehicle and equipment maintenance should follow the manufacturer's recommendations.

- Detailed vehicle and equipment checks are conducted at a minimum of once every month.
- All members are responsible for performing and completing the monthly checklist as assigned.
- When deficiencies are discovered, they should be:
 - Documented on the checklist.
 - Brought to the attention of company officers for corrective action(s).
 - Documented in the computerized data management system, once resolved.
- Completed vehicle and equipment checklists and documentation of maintenance will be kept on file for the life of the equipment plus five years, as referenced in the City of Ames Record Retention Schedule.

REFERENCES:

City of Ames Records Retention Schedule, Ames City Council, (2011).

Emergency Medical Care– Trauma Care, Chapter 147A of the Iowa Code.

Service program levels of care and staffing standards, Section 641—132.8(147A) of the Iowa Administrative Code (IAC).

Service program—off-line medical direction, Section 641—132.9(147A) of the Iowa Administrative Code (IAC).

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