

Iowa County, Iowa
Policy Manual

Title: Continuous Quality Improvement	Reference #: AMB 1020
Section: Departmental	Date Effective/Revised: 6-1-2021
Department (s): Ambulance	Approved By: Medical Director

Policy

The Iowa County Ambulance Service will use the following steps to ensure a standard level of quality patient care. All Iowa County EMS Non-Transport (QRS) teams will also follow this policy: Amana, Kinze, Ladora, Millersburg, North English, Victor, and Williamsburg.

SCOPE OF PRACTICE

Certified EMS providers will read and function within the *Scope of Practice for Iowa EMS Providers (most current)* and as authorized, in writing, by the medical director.

PROTOCOLS

1. Certified EMS providers will function as directed in the Iowa County Ambulance Service medical director approved protocols.
2. Any treatment rendered that deviates from the service program protocols will immediately be brought to the attention of the Iowa County Ambulance Administrative staff as appointed by the medical director to assist with medical auditing.
3. Iowa County Ambulance Service will provide an annual review of approved protocols (including changes) and document attendance at the review.

CREDENTIALING

Ambulance: The ambulance director or designee shall be responsible for credentialing and orientation of new staff. This shall be documented in an orientation checklist.

QRS: The QRS director or designee shall be responsible for credentialing and orientation of new staff. This shall be documented in an orientation checklist.

FTO (FIELD TRAINING OFFICER): AMBULANCE

The Director will appoint employees to be FTO's. FTO's will be employees who have demonstrated excellence in patient care, accuracy, work habits, compliance of policy/procedures, and positive attitudes. During the hiring of a new employee(s), FTO's will be invited to be a part of the interview process, ask a couple of questions, and then give their input afterwards. FTO's will work with new employees to ensure all aspects of the orientation are complete and accurate. FTO's will work with current employees when performance improvement is necessary.

STAFFING WITH PA AND/OR RN, or MD's

1. The service director or designee shall be responsible for providing equivalent training for RN', PA's and MD's that the medical director has approved to routinely staff the service program.
2. The Iowa EMS RN or PA Exception Form shall be utilized to document training.
3. The RN, MD or PA must be and remain competent in all physician approved EMS provider skills to the level they are seeking approval.
4. The service director or designee shall forward the completed form to the IDPH/Bureau of EMS.
5. The RN, MD or PA shall meet the CEH requirements as approved by the medical director.
6. The service competency policy shall apply to approved RN's, MD's and PA's.

PHARMACY AGREEMENT

All staff shall read and abide by the policies and procedures set forth in the pharmacy policy. The pharmacy agreement and policies and procedures shall be reviewed, as a minimum, every three years to coincide with the service program authorization.

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EMPLOYEE EVALUATIONS: AMBULANCE

Employee evaluations will be done yearly with input from the employee, director, and if requested medical director. Employees will be evaluated on Job Knowledge, Job Tasks, Quality of Work, and Behaviors/Attitudes.

MEDICAL AUDITS

1. All responding staff shall perform a verbal audit immediately following each response. Any deviation from written protocol or standard of care shall immediately be brought to the attention of the Ambulance Administrative staff.
2. The Ambulance Administrative staff will review all Iowa County Ambulance & QRS calls for service; any areas of concern will be referred to the medical director for review. If needed, action will be taken with the staff on the call.
3. The CQI designee will perform a written audit of 6-10 Iowa County Ambulance calls per month. Deficiencies handled per above.
4. The CQI designee will perform a written audit of 2-3 QRS calls per quarter. Deficiencies handled per above.
5. The CQI designee will perform a written audit of all calls involving the use of Nitroglycerin Drips, Ketamine, Metoprolol, and Norepinephrine.
6. The CQI designee will perform a written audit of all calls involving cardiac arrests and pediatric calls and then forwarded to medical director for an automatic review.
7. Copies of all written medical audits will be placed on file; also the attendant will review the written audit and initial it.

PATIENT SATISFACTION SURVEYS

Each month 10-20 patients will be sent surveys requesting an opinion of the care and service which they received. The Ambulance Director will follow up on any concerns. Completed surveys will be shared with all EMS providers, the Medical Director, and Board of Supervisors.

VEHICLE & EQUIPMENT CHECKLIST AND MAINTENANCE

Ambulance Employees should follow the Vehicle Maintenance-Shift Check Policy in the Iowa County Ambulance Policy Manual. QRS services should complete a monthly vehicle and equipment check.

FOLLOW-UP (LOOP CLOSURE)

1. The medical director or designee shall utilize a written action plan that addresses personnel, vehicle and/or equipment, and system challenges.
2. The action plans shall be implemented for:
 - a. Significant deviation from protocol or standard of care
 - b. Delay of response, treatment or transportation
 - c. Vehicle or equipment failure
 - d. System difficulty
3. The medical director or designee shall monitor the situation until the desired improvement has been achieved.

MEASUREABLE OUTCOMES

1. The medical director shall establish measurable outcomes consistent with the mission statement, strategic planning goals, and unique needs of the local EMS system to appraise the overall effectiveness and efficiency of the system.
2. The Ambulance Administrative staff will review all Iowa County Ambulance & QRS calls for service; any areas of concern will be taken to the medical director for review. Areas reviewed may be:
 - a. First dispatch time to enroute time
 - b. Response time to scene

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- c. On scene time
 - d. Transport time
 - e. Protocol followed and treatment appropriate
 - f. Destination decision appropriate
3. The designee will monthly measure and report to the medical director, staff, and administrative staff:
 - a. Response by Station
 - b. Response Outcome
 - c. Transport Mode
 - d. Assisting Units
4. The designee will annually measure and report to the medical director, staff, and administrative staff:
 - a. Total annual calls for Marengo & Williamsburg ambulances
 - b. Transport Outcomes
 - c. Total QRS Calls
 - d. Incident Locations
 - e. Admission Summary
 - f. Destination Determination
 - g. Dispatch to Enroute Time Summary
 - h. Enroute to On Scene Time Summary
 - i. On Scene Time Summary
 - j. Provider Impression

STRATEGIC PLANNING

1. Annually, all service program staff shall attend and contribute to a strategic planning session with the medical director.
2. All service program staff shall use teamwork to achieve the stated common goals and objectives.
3. Protocol Committee: Each year the Director/Assistant Director will invite all employees to participate in an annual review of the protocols to help review, research, and implement changes/updates to the protocols.

PROVIDER SKILLS COMPETENCY

A) SKILLS MAINTENANCE

The director or his designee shall keep records of employees advanced skills performed in the field. Should poor performance be noted or a lack of performance of a skill is noted, a practice shall be arranged.

B) SKILLS REVIEW

Advanced/Basic skills review stations will be set up at least annually for the purpose of member/employee hands on review and practice of skills. More frequent or individual practice will be done at the member/employee, director or medical director request. Skills review will be MANDATORY for all ambulance personnel; CEH's will be awarded.

All active members of QRS Services shall demonstrate competency in the use of an AED & insertion of a King Airway on a quarterly basis. QRS members shall miss no more than one out of every two consecutive quarters. If any QRS member fails to demonstrate competency for two or more consecutive quarters, they shall not be allowed to function under the direction of the service medical director until skills competency is completed.

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C) CONTINUING EDUCATION

To remain an active member of Iowa County Ambulance Service, First Responder Service, each individual shall maintain as a minimum the following:

1. Continuing education hours (CEH) and required topics necessary to renew Iowa EMS certification.
2. Current course completion in CPR, AED, and obstructed airway procedures for all age groups according to national standards. AHA BLS Healthcare Provider or ARC CPR for Healthcare Providers.
3. Review any skills that may be required by the medical director
4. Ambulance employees are required to complete annual Iowa County Safety Training.
5. Paramedics and Paramedic Specialist must also maintain current course completion in American Heart Association ACLS.
6. CEH/CEU for RN/PA/MD exception: maintain current certification required by your service and the medical director. Must also maintain skill competency to the level of the exception.
7. As a minimum, the CQI appointee(s) shall ensure and document that the certified EMS providers maintain competency in the following skills:

Skill	Level of Provider	Frequency of Practice
Automated External Defibrillator	EMR & EMT	Quarterly
King Insertion	EMR & EMT	Quarterly
Intravenous Access	AEMT, EMT-P & PM	Annually
Endotracheal Intubation	EMT-P & PM	Annually
Intraosseous Infusions	AEMT, EMT-P & PM	Annually
Needle Thoracostomy/Cricothyrotomy	EMT-P & PM	Annually
Cardiac Arrest Management	All levels	Annually

Iowa County Ambulance Service will provide monthly continuous education training of at least 1 hour per month as well as a full day of 7 CEH's. Other training will be provided on an as needed basis.

I reserve the right as Medical Director to audit any service run report and/or individual's skills competency log or compliance with CQI provider skills competency at any time and hereby direct those acting on my behalf to bring to my attention, at the earliest possible convenience, any significant departure from written protocol or standard of care.

Approval & Affirmation: The signatures within this document indicate approval of the policy and agreement to perform the duties as an official designee of the physician medical director.

Policy Approval	Print Name	Signature	Date
Medical Director			
Service or System Director			

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Designee Appointment: The medical director shall conduct CQI activities or appoint individual(s) to ensure written audits of the patient care reports are completed; staff orientation, CEH and skill competencies are conducted and documented; and actions plan, follow-up and resolution are done as defined within this policy.

I acknowledge that I am appointed, by the medical director, as an official CQI designee. I understand my duties and will implement and maintain this CQI program as directed.

Print Name	Signature	Date