



Rogers Fire Department Standard Operating Procedures

Policy Title:	Medical Quality Improvement		
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PURPOSE

The purpose of this policy is to provide information on the Rogers Fire Department Medical Quality Improvement Program.

POLICY

The Rogers Fire Department establishes a quality improvement program to ensure that emergency medical care is rendered in a professional and systematic format. It shall be the responsibility of the Fire Chief, with coordinated efforts from the Master Paramedics, EMS Program Manager, Command Staff, and Medical Director to provide a thorough review of emergency medical incidents.

Company officers shall be responsible for ensuring patient care reports are completed by personnel assigned to them. This will be accomplished by accessing the EMS reporting software and ensuring all incident reports assigned to their personnel are complete and locked with the following documents submitted:

- Paperwork
 - Hospital face sheet submitted with patient information (address, phone number, social security number, insurance)
 - Copy of Hospital PCR
 - A release form, if not obtained electronically.
- EPCR
 - Patient care narrative using the chronological patient care narrative rubric per SOP 203 – EMS Documentation
 - Mileage for transport

- NEMSIS errors completed

It shall be the responsibility of the EMS Program Manager to initiate a Level 1 review on all incidents that mandate review. The following incidents may also be reviewed:

1. PAI and Intubations outside of cardiac arrest incidents
2. Invasive procedures and emergency transports to the hospital, as necessary
3. Citizen complaints
4. Other circumstances, as determined by the Fire Chief, Command Staff, EMS Program Manager or Medical Director.

The Medical director shall review all PAI procedures and any other call types or procedures deemed necessary.

Formal Quality Improvement

The Rogers Fire Department will utilize a process involving three levels of review in its Quality Improvement Program.

Level 1: This level of review will be performed on reports that warrant a review based on the identified priorities of the Fire Chief, EMS Program Manager, or Medical Director. Level 1 reviews will be assigned by the EMS Program Manager and completed by Master Paramedics within 14 days of the assignment date. The focus of this review will be the care provider's compliance with SOP 203 – EMS Documentation, appropriate protocol selection and adherence to the selected protocol.

Level 2: Reviews will elevate to Level 2 when the Master Paramedic conducting a Level 1 review identifies infractions or deviations from protocol exist beyond documentation or clerical errors. Upon these findings, the Master Paramedic will request a Level 2 review to be conducted by the EMS Program Manager. As part of the Level 2 review, the EMS Program Manager will complete Form 17 – Predetermination Interview to advise the member that they are being reviewed and provide an opportunity to gather further information for conducting the review. The EMS Program Manager will then advise the member of the outcome of the review if resolved at this level. If not resolved the review will be elevated to Level 3.

Level 3: Reviews will elevate to Level 3 when further action is warranted based on the findings of the Level 2 review conducted by the EMS Program Manager. All supporting documentation will be forwarded with the request. Level 3 reviews will be conducted by members of Command Staff under the consult of the Medical Director as deemed necessary. This level of review and any subsequent action will be conducted by Command Staff personnel. The designated Command Staff member(s) would then communicate the results and required action to the member being reviewed.

Data Acquisition/Sharing

The EMS Program Manager will prepare an Utstein style template report each month. This report will provide specific details on cardiac arrest events. This report will be completed and submitted to the Fire Chief no later than the 10th day of the following month. Additionally, a report outlining chest pain and cardiac rhythm disturbance incidents will be created and submitted to the Fire chief no later than the 20th day of the month.

Clinical Indicators

The following information will be attained each month to measure department-wide performance on EMS calls. Performance for all clinical skills shall be reported to the EMS Advisory Committee and Medical Director each month. It is the responsibility of the EMS Advisory Committee, EMS Program Manager, and Medical Director to determine the cause of clinical performance that falls below the levels indicated below.

Clinical Skill	Performance Threshold	Measurement Frequency	Reporting Method
Intubation Attempts and Success	70% Success Rate	Monthly	Monthly Activity Report
Intravenous Attempts and Success (Extremity)	80% Success Rate (First Attempt)	Monthly	Monthly Activity Report
Advanced Airway (Overall Success – All Methods)	100% Success Rate within three attempts (all devices, totaled)	Monthly	Monthly Activity Report
Interosseous Access	85% Success Rate (First Attempt)	Monthly	Monthly Activity Report
Blood Glucose Analysis (Unconscious, Altered LOC, and Diabetic Patients)	100% Completion on Appropriate Patients	Monthly	Monthly Activity Report
12-Lead Administration	100% Completion on Appropriate Patients	Monthly	STEMI Monthly Report