



CENTRAL DUPAGE HOSPITAL
EMERGENCY MEDICAL SERVICES SYSTEM
POLICY & PROCEDURES

TITLE: QUALITY ASSURANCE (QA) REQUIREMENTS

SECTION: QA

POLICY NUMBER: K-2

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PURPOSE:

To define the Central DuPage Hospital Emergency Medical Services System's (CDHEMSS) and EMS agencies Continuous Quality Improvement (CQ) and Quality Assurance (QA) process and requirements.

POLICY:

The following, at a minimum, will be reviewed by CDHEMSS for providers within the CDHEMSS:

1. Random QA
 - a. Cases will be pulled at random from each transporting agency throughout the year. Patient Care Reports (PCR) will be reviewed for compliance with System, Region and State regulations regarding documentation and patient care.
2. Public Request
 - a. Cases will be reviewed when the public reports a concern to the CDHEMS System. Patient Care Reports (PCR) will be reviewed for compliance with System, Region and State regulations regarding documentation and patient care. A follow up will be sent to the reporting member of the public in compliance with HIPPA regulations.
3. Agency Request
 - a. Cases will be reviewed when an agency reports a concern to the CDHEMS System. Patient Care Reports (PCR) will be reviewed for compliance with System, Region and State regulations regarding documentation and patient care. A follow up will be sent to the reporting member of the agency in compliance with HIPPA regulations.
4. RN / MD Request
 - a. Cases will be reviewed when a RN / MD reports a concern to the CDHEMS System. Patient Care Reports (PCR) will be reviewed for compliance with System, Region and State regulations regarding documentation and patient care. A follow up will be sent to the reporting person in compliance with HIPPA regulations.

5. The following PCR's will be reviewed by CDHEMSS (either the EMS Medical Director and/or the EMS System Coordinator) and the authoring EMS Agency (EMS Agency Coordinator or designee):
 - a. A PCR containing the use of any of the following medications:
 - i. Adenosine
 - ii. Alteplase Injectable Solution
 - iii. Amiodarone
 - iv. Atropine
 - v. Blood Products
 - vi. Calcium Chloride
 - vii. Calcium Gluconate
 - viii. Cerebyx
 - ix. Cleviprex
 - x. Detrose 25%
 - xi. Dextrose 50%
 - xii. Diazepam
 - xiii. Dilantin
 - xiv. Diltiazem
 - xv. Dobutamine
 - xvi. Dopamine
 - xvii. DuoNeb
 - xviii. Epinephrine (1:1000)
 - xix. Epinephrine (1:10000)
 - xx. EpiPen
 - xxi. Etomidate
 - xxii. Fentanyl
 - xxiii. Heparin
 - xxiv. Hydralazine
 - xxv. Hydroxocobalamin
 - xxvi. Insulin
 - xxvii. Kcentra
 - xxviii. Keppra
 - xxix. Ketamine
 - xxx. Ketorolac
 - xxxi. Labetalol
 - xxxii. Lasix
 - xxxiii. Lidocaine
 - xxxiv. Lorazepam
 - xxxv. Magnesium Sulfate
 - xxxvi. Mannitol
 - xxxvii. Methylprednisolone
 - xxxviii. Metoprolol
 - xxxix. Midazolam
 - xl. Morphine

- xli. Narcan
- xlii. Nicardipine
- xlili. Nitroglycerin (IV)
- xliv. Norepinephrine
- xlv. Rocuronium Bromide
- xlvi. Romazicon
- xlvii. Sodium Bicarbonate
- xlviii. Succinylcholine
- xlix. Tranexamic Acid (Txa)
 - I. Vasopressin
 - li. Vecuronium
 - lii. Vitamin K
 - liii. Zosyn

b. And/or a PCR containing any of the following ECG rhythms:

- i. 2nd degree type 2 heart block
- ii. 3rd degree heart block
- iii. Agonal
- iv. Asystole
- v. Coarse Ventricular Tachycardia
- vi. Fine Ventricular Tachycardia
- vii. Idioventricular
- viii. Junctional Tachycardia
- ix. Monomorphic Ventricular Tachycardia
- x. PEA
- xi. Polymorphic Ventricular Tachycardia
- xii. PSVT – Paroxysmal Supraventricular Tachycardia
- xiii. Sinus Bradycardia
- xiv. ST segment depression
- xv. ST segment elevation
- xvi. STEMI Anterior Ischemia
- xvii. STEMI Inferior Ischemia
- xviii. STEMI Lateral Ischemia
- xix. STEMI Posterior Ischemia
- xx. STEMI Septal Ischemia
- xxi. Torsades De Points
- xxii. Unknown Narrow Complex Tachycardia
- xxiii. Ventricular Fibrillation
- xxiv. Ventricular Tachycardia (pulseless)
- xxv. Ventricular Tachycardia (with a pulse)
- xxvi. WPW (Wolf-Parkinsons-White) Syndrome

- c. And/or a PCR containing any of the following procedures
 - i. AED Applied / Rhythm Analyzed
 - ii. Assist Ventilation – BV to Tube
 - iii. Assist Ventilation – BVM
 - iv. Chemical Sedation
 - v. Childbirth – Breech delivery completed
 - vi. Childbirth – Breech delivery uncompleted
 - vii. Childbirth – Prolapsed umbilical cord
 - viii. Childbirth – Umbilical cord repositioning
 - ix. Childbirth – Umbilical cord clamped
 - x. Childbirth – Umbilical cord cut
 - xi. Childbirth – Vaginal delivery of fetus
 - xii. CombiTube Airway Insertion
 - xiii. CPAP / NIPPV
 - xiv. CPR – Discontinued due to POLST / DNR
 - xv. CPR – Discontinued due to ROSC
 - xvi. CPR – Discontinued per Medical Control Order
 - xvii. CPR – Discontinued per Protocol
 - xviii. CPR – Manual
 - xix. CPR – Mechanical Device
 - xx. CPR – ROSC Targeted Temperature Management
 - xxi. CPR – With Feedback Device
 - xxii. CPR – With Impedance Threshold Device
 - xxiii. Defibrillation – Manual
 - xxiv. Digital Intubation
 - xxv. Double-Sequential Defibrillation
 - xxvi. Drug Assisted Intubation DAI
 - xxvii. History of Preeclampsia (situation)
 - xxviii. I-Gel Airway Insertion
 - xxix. Intubation – C-Collar for Stabilization
 - xxx. Intubation – Existing Tracheostomy Stoma
 - xxxi. Intubation – Oral Via LMA
 - xxxii. Intubation – Retrograde
 - xxxiii. Intubation – Using Exchange Catheter
 - xxxiv. IO – Intraosseous Access
 - xxxv. King Airway Insertion
 - xxxvi. Nasotracheal Intubation
 - xxxvii. Needle / Angiocath – Cricothyroidotomy
 - xxxviii. Needle Decompression
 - xxxix. Orogastric Tube Insertion
 - xl. Orotracheal Intubation
 - xli. Orotracheal Intubation Video + Bougie

- xlii. Orotracheal Intubation Video Assisted
- xliii. Precordial Thump
- xliv. RSI – Rapid Sequence Intubation
- xlv. Surgical Cricothyroidotomy
- xlvi. Synchronized Cardioversion
- xlvii. Transcutaneous Pacing
- xlviii. Wound – Tourniquet

- d. And/or a PCR includes one of the following Primary Impressions
 - i. Cardiac Arrest
 - ii. Cardiogenic Shock
 - iii. Eclampsia in Pregnancy
 - iv. Encounter for Full-Term Uncomplicated Delivery
 - v. Hemorrhage in Pregnancy
 - vi. Multisystem Trauma with Shock
 - vii. Obvious Death / Triple Zero
 - viii. Other complications of Labor and Delivery
 - ix. Postpartum Hemorrhage
 - x. Post-Term Newborn
 - xi. Pre-eclampsia
 - xii. Preterm (premature) newborn
 - xiii. Preterm Labor with Preterm Delivery
 - xiv. Preterm Labor without Preterm Delivery
 - xv. Respiratory Arrest
 - xvi. Respiratory Distress of Newborn
 - xvii. Severe Sepsis with Septic Shock
 - xviii. ST Elevation (STEMI) myocardial infarction of other sites
 - xix. STEMI / NSTEMI

- e. And/or a PCR that listed a Helicopter as the mode of transport from the scene

- f. And/or a PCR that the initial patient acuity is listed as “Dead (no resusc) / Black”

- g. And/or a PCR in which the age of the patient is ≤ 15 years of age and the primary impression is not solely anxiety disorder or suicidal ideations

- h. And/or a PCR in which the patient disposition is listed as “Covid-19 homebound vaccinations)”

6. The above cases shall be reviewed within ImageTrend in the CQI section. Feed back will be made electronically via ImageTrend at a minimum. The report author will receive an alert notifying them of feedback and shall review and respond to the feedback if applicable.
7. The following cases shall be reviewed by any CDHMESS EMD agency for each occurrence:
 - a. Cardiac / Respiratory Arrest / Death (Delta / Echo responses)
 - b. Pregnancy / Childbirth / Miscarriage (Delta responses)
 - c. Drowning (Near) / Diving / Scuba Accident (Delta responses)
 - d. Choking (Delta and Echo responses)
 - e. Industrial / Machinery Accidents (Delta responses)
8. Benchmarking
 - a. CDHMESS shall utilize available regional, State, and National EMS performance benchmarks to gauge system and provider performance in comparison to existing standards. The following are examples of sources of EMS performance benchmarks that will be utilized in this process:
 - i. Local CDHEMS KPI and Quality Metric Dictionary
 - ii. Biospatial® or ImageTrend Continuum® provided benchmarks (includes performance measures from various States and localities that have been made available for public use)
 - iii. Coverdell Stroke Metrics
 - iv. NEMSQA FAIR EMS Performance Measures
 - v. AHA Mission: Lifeline EMS performance metrics
 - b. This benchmarking data and comparative analysis of local providers will be made available to System agencies and providers
 - c. CDHEMS specific key performance indicators and quality measures can be found in the CDHEMSS KPI and Quality Metric Data Dictionary

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