



North Region EMS System

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Purpose To describe the high priority of data-driven quality improvement within the EMS System and activities directed toward performance improvement.

- Policy**
1. The goal of EMS quality improvement (QI) is to measure and improve the effectiveness of prehospital care provided by EMS personnel through continuous and systematic monitoring to identify opportunities to improve, implement corrective actions, evaluate for attainment of sustained resolution, and improved outcomes.
 2. The EMS System Resource Hospital has the authority and responsibility to demonstrate to consumers, the community, and regulatory and accrediting bodies that the quality and appropriateness of prehospital care within the EMS System is acceptable.
 3. EMS System QI initiatives shall include participation in provider, system, regional, state, and national activities.
 4. Quality improvement is the responsibility of all System members.
 - a. The EMS System Resource Hospital will actively partner with provider agencies in the DMAIC (define, measure, analyze, improve, control) process.
 - b. The EMS System will use a dashboard to share information.
 - c. Continuous self and peer review and reporting of opportunities for improvement is a professional and ethical means to improve quality.
 5. Quality indicators will include but not be limited to high-risk or low-frequency events, new medications, procedures, protocols, policies, and issues identified by sentinel events.
 - a. Examples of metrics to be monitored include:
 - i. EMD provided appropriately, dispatch assisted CPR
 - ii. Hypoxia corrected
 - iii. Hemorrhage controlled
 - iv. Success rates/complications: airway, vascular access
 - v. Level I TC appropriate destination
 - vi. Scene times for time-sensitive pts
 - vii. STEMI pts: 12L ECG and ASA
 - viii. Cardiac arrest ROSC rates, hospital discharge rates
 - ix. Pre-arrival alert/notification: sepsis, STEMI, stroke, trauma
 - x. Pediatric pts assessed and treated appropriately
 - xi. Geriatric pts assessed and treated appropriately
 - xii. Assessed & treated appropriately: allergic reaction, altered mental status, cardiac arrest, dysrhythmias, hypoglycemia, nausea, pain, respiratory distress/failure, seizures, shock, stroke



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6. Greater results can be gained by improving processes rather than identifying/blaming individuals. Thus, processes shall be evaluated first.
 - a. Emphasis is placed on closing the loop by disseminating information to appropriate interested parties.
 - b. QI findings are used as a safety process for root cause analysis and drive education and protocol updates.
7. Quality improvement will include retrospective, concurrent real-time, and prospective strategies.
 - c. Retrospective review of patient care reports, OLMC logs and tapes, complaints, and quality reports will be used in quality monitoring.
 - i. 100% of the following dispositions are included in quality monitoring by EMS System staff:
 1. Drug Assisted Intubations (DAI)
 2. Cardiac Arrest (CARES Registry)
 3. EMS System - paramedic student capstone calls
 - d. Real-time quality activity will include:
 - i. EMS-MD and EMSC monitoring of OLMC communication
 - ii. EMS System Resource Hospital staff will periodically:
 1. Respond to EMS scenes or schedule observational ride time to monitor EMS activities and pt care.
 2. Perform unannounced inspections (as required by IDPH EMS Rules) of EMS vehicles, equipment, medications, supplies, and documentation.
8. Quality Reporting: High-risk and near-miss incidents and issues of concern should be reported to the EMS System Resource Hospital Administrator/ Coordinator and/or EMS-MD for follow-up including root cause analysis.
 - e. Examples include, but are not limited to:
 - i. Commendation
 - ii. Communication
 - iii. Complaint
 - iv. ED related
 - v. EMS provider related
 - vi. Injury to EMS provider or patient
 - vii. Medical or patient care device/equipment malfunction
 - viii. Medication/treatment error
 - ix. OLMC, contrary to SOP, policy, procedure
 - x. Patient-related or patient harm



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- xi. Policy, Procedure, SOP related
 - xii. Unusual occurrence
 - xiii. Vehicle crash (EMS)
- f. Information may be submitted electronically via email, fax, USPS mail, hand-delivered, or verbally communicated to the EMSC or EMS-MD. Information to include in the report includes:
- i. Date & time of occurrence/report made
 - ii. EMS provider agency/hospital
 - iii. EMS personnel name and contact information
 - iv. Hospital name, if applicable
 - v. Summary of occurrence, question or concern
- g. The quality report form (page 4 of policy) may be used to submit information.
9. Quality improvement activities are privileged and confidential under the IL Medical Studies Act and Patient Safety Act.

References

<https://one.nhtsa.gov/people/injury/ems/leaderguide/index.html>
https://www.ems.gov/pdf/research/Studies-and-Reports/EMS_Performance_Measures_2009.pdf
<http://emscompass.org/ems-compass-measures/>
<https://nemsis.org/>
<http://www.ilga.gov/legislation/ilcs/fulltext.asp?DocName=073500050K8-2101>

Attachment

Quality Report Form (page 4 of 4 of policy)

Evert Gerritsen
EMS System Administrator/Coordinator

Michael I. Peters, MD
EMS Medical Director

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Quality Report Form

Privileged and Confidential under the IL Medical Studies Act and Patient Safety Act

High-risk and near-miss incidents and issues of concern should be reported to the EMS System Resource Hospital Administrator/Coordinator and/or EMS-MD for follow-up including root cause analysis.

Information may be submitted: via email (evert.gerritsen@nm.org, michael.peters@nm.org), USPS mail, hand-delivered or verbally communicated to the EMSC or EMS-MD.

Date & time of occurrence/report made

Nature of Report (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Commendation | <input type="checkbox"/> Injury to EMS provider or patient | <input type="checkbox"/> Policy related |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Medical or pt care device/equip. malfunction | <input type="checkbox"/> Procedure-related |
| <input type="checkbox"/> Complaint | <input type="checkbox"/> Medication/treatment error | <input type="checkbox"/> SOP related |
| <input type="checkbox"/> ED related | <input type="checkbox"/> OLMC contrary to SOP, policy, procedure | <input type="checkbox"/> Unusual occurrence |
| <input type="checkbox"/> EMS provider related | <input type="checkbox"/> Patient related or patient harm | <input type="checkbox"/> Vehicle crash (EMS) |

EMS provider agency/hospital

EMS personnel name and contact information

Hospital name, if applicable

Summary of occurrence, question or concern