



EMS SPONSOR HOSPITAL POLICY QUALITY ASSURANCE / QUALITY IMPROVEMENT: SELECTION OF INDIVIDUAL CASES FOR REVIEW

Purpose:

To provide criteria for the selection of EMS cases to be reviewed for quality

Scope:

All Hartford Hospital Sponsored EMS Agencies

Policy:

A. The following categories of calls are believed to present both greater than usual risk as well as opportunities for provider recognition/praise. Sponsored EMS services will internally review 100% of calls meeting these criteria for adherence of clinical care to established protocol and standard care. As soon as possible but no later than one month from the date of call, sponsored EMS services will forward to the Hartford Hospital EMS Coordinator a copy of the QA review and patient care report for any call which meets one or more of the following criteria. EMS agencies using electronic patient care reporting (with EMS Coordinator access to the system) may submit the relevant call number in lieu of a copy of the PCR. **Criteria applicable to first-responder agencies are bolded and marked with asterisk.**

- 1) Patient encounters in which the provider establishes a clinical impression for any of the following conditions:
 - a. STEMI
 - b. Cardiac Arrest***
 - c. Childbirth***
 - d. Penetrating trauma (i.e. gunshot/stab wound) to the head, chest, abdomen or extremity proximal to elbow/knee***

- 2) Patient encounters with any of the following:
 - a. SpO2 <80%
 - b. SBP <90mmHg in patient ≥13 y/o
 - c. RR <10*or >34**
 - d. EtCO2 > 60 mmHg
 - e. Patient <13 y/o transported with lights and siren

- 3) Patient encounters in which the provider administers any of the following medications:

- a. Amiodarone
- b. Atropine
- c. Calcium Chloride
- d. Epinephrine***
- e. Magnesium Sulfate
- f. Norepinephrine
- g. Sodium bicarbonate

4) Patient encounters in which a sponsored provider performs or attempts any of the following procedures:

- a. Arterial tourniquet***
- b. BVM***
- c. Cardioversion
- d. Chest decompression
- e. CPAP
- f. CPR/CCR***
- g. Cricothyrotomy
- h. Defibrillation or AED***
- i. Hemostatic dressing (e.g. QuickClot)***
- j. Intraosseous
- k. Intubation
- l. LMA, King or Combitube
- m. Occlusive dressing to chest or abdomen***
- n. OPA/NPA***
- o. Pacing

5) Patient encounters in which a sponsored BLS provider administers naloxone (except when assisting an already on-scene paramedic)*

6) Patient encounters in which a sponsored provider performs a 12 lead ECG without an on-scene paramedic or subsequent paramedic intercept :

B. The following categories of calls are believed to carry significant risk of adverse outcome when there is deviation from protocol or expected care. Sponsored ambulance and paramedic services will, within one month of the date of call, internally review 100% of calls meeting these criteria for clinical care and adherence to established protocol/guidelines. Sponsored EMS services will forward to the Hartford Hospital EMS Coordinator a copy of the patient care report and QA review for any call in which a violation of protocol or significant deviation from accepted care is identified.

- 1) Interfacility transfer with medications (other than solely IV fluid) administered enroute either by infusion or bolus.
- 2) Acute Stroke (<24 hours last known well) with positive Cincinnati Stroke Screen (at least one element)

- 3) Use of physical restraints on patient
- 4) Patient refusal after ALS diagnostics or treatment by the sponsored service
- 5) Patient age ≤ 8 years old

C. The following categories of calls may carry additional risk and/or present improvement opportunities. Sponsored ambulance and paramedic services will internally review a service-specific percentage of their patient care reports from calls which meet one or more of the following criteria. Services should strive to review as many calls of these categories as possible. Sponsored EMS services will forward to the Hartford Hospital EMS Coordinator a copy of the patient care report and QA review for any call in which a violation of protocol or significant deviation from accepted care is identified.

- 1) Transportation to the hospital utilizing lights and siren.
- 2) Initial pain score of 7 or greater without reduction in pain score to 5 or less. This will include records where no subsequent pain score was recorded.
- 3) Provider impression of acute stroke
- 4) Use of a new or revised patient care guideline within 90 days of implementation
- 5) **Random review of calls for documentation and clinical care***