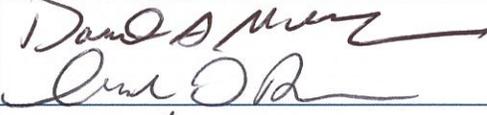
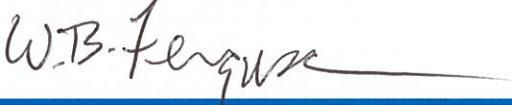


	<b>Standard Operating Guideline: OPS 19</b>	
	Subject:	Quality Assurance/ Quality Improvement Program
	Effective Date:	March 1, 2013
	Revision Date:	May 15, 2017
	Approval: EMS Representative:	
	Fire Representative:	
	Career Representative:	
Director:		

**Purpose:** To provide a guideline on the implementation of a Quality Assurance/ Quality Improvement (QA/QI) Program designed to objectively, systematically and continuously monitor, assess and improve the quality and delivery of the pre-hospital care provided by FCDPS personnel.

**I. Background:**

- A. The Franklin County Department of Public Safety (FCDPS) recognizes its responsibility to ensure the delivery of optimal patient care by its providers to our patients and to comply with the Rules and Regulations of the Virginia Office of Emergency Medical Services.

**II. General:**

- A. This QA/QI Program shall apply to all pre-hospital providers functioning with an emergency medical services (EMS) agency in Franklin County and under the direction of its Operation Medical Director (OMD).
- B. The Director of Public Safety/Designee shall function as the QA/QI Coordinator and work closely with the Franklin County Operational Medical Director (OMD) to ensure a successful program.
- C. The criteria used to determine the quality of pre-hospital care includes, but is not limited to, the following:
  - 1. FCDPS policies and procedures

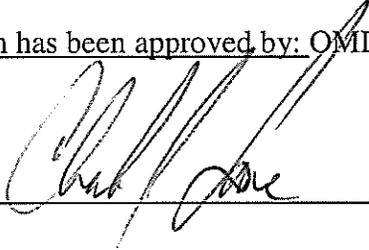
2. Western Virginia EMS (WVEMS) Council Regional Operational Protocols
  3. Franklin County Specific Modifications
  4. Community accepted standards of care
- D. The intention of the QA/QI Program is to enhance the delivery of optimal patient care. The presumption is made that persons involved desire to perform well. The program will assist personnel by recognizing and identifying areas for continued growth and development.
- E. The goals of this QA/QI Assurance Program are to:
1. Provide an effective and efficient means of identifying potential and problems in the delivery of optimal patient care
  2. Serve as a process for researching and implementing corrective action for personnel and where warranted, determine training opportunities
  3. Provide input for the development of in-service training
- F. Quality Assurance Monitors
1. The agency's QA Monitors shall consist of the Operation's Captains and EMS Training Coordinator.
  2. Random Call Review. The monitors should audit every fifth call sheet to include but not limited to the following:
    - a) Dates and times
    - b) Completion of required fields
    - c) Complete an appropriate narrative
    - d) Complete original set of vital signs and a minimum of one repeat set of vital signs, unless care is transferred to another agency.
  3. Review Process
    - a) At the beginning of their shift, each reviewer will select every fifth call that was completed during the previous shift.
    - b) For any call in which a more thorough incident review is required or calls in which a significant concern has been noted, the report should be submitted to the QA/QI Coordinator. The QA/QI Coordinator will review the incident and complete a further investigation as needed. Results of the investigation may be forwarded to the OMD and a performance improvement plan (PIP) developed, if required.
  4. Focused Call Review. The QA/QI Coordinator may audit the following specific types of EMS responses, with others as determined by need:
    - a) Cardiac Arrest
    - b) Stroke alerts
    - c) Heart Alerts

d) Trauma Alerts

5. Incident Driven Review. The QA/QI Coordinator may audit specific call reports by request, complaint, compliment or exceptional care.
6. Those involved in the QA Program shall keep and maintain confidentiality of information, as to patients and providers involved, at all times.

This program has been approved by: OMD Charles Lane, MD

Signature



Date

07-05-2017