

APPROVAL:

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BASE HOSPITAL MEDICAL DIRECTOR

DATE

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RESPONSIBLE ADMINISTRATOR

5/6/08
DATE

Policy Number: EMS.09

Effective Date: 8/2006

Review Date: 12/2007

Revision Date: 1/2008

See Also Policy Number: _____

SUBJECT: PATIENT CARE REPORT QUALITY ASSURANCE

POLICY:

To ensure the highest quality of patient care, an Agency administratively based with UPHK will assist the Base Hospital with information and data collection/analysis for quality assurance review.

PURPOSE:

Patient Care Report quality assurance is intended to:

- Monitor patient care rendered in the pre-hospital setting and evaluate documentation for accuracy and completeness.
- Monitor adherence to protocols and standing orders.
- Identify situations for educational value.

APPLICABLE TO:

All EMS personnel based at UPHK
Prehospital Coordinator
Base Hospital Medical Director

IMPLEMENTATION PLAN:

The hospital is committed to the appropriate in-service education of all those affected by a new policy so that implementation will occur in a consistent and informed manner. The administrator (or designee) in charge of the relevant department will be responsible for the in-service education of those employees affected by the policy. There will be an employee sign-in sheet or other similar documentation to establish the employees who have received education on the policy. The appropriate administrator (or designee) will maintain such documentation.

PROCEDURE:

- 1.0 By the 15th of the proceeding month, the Pre-hospital Coordinator will receive copies of all Patient Care Reports (PCR's) completed by pre-hospital providers during the previous month. The original form stays with the patient's medical record at the receiving facility.
- 2.0 The quality improvement program is a cooperation between agency designated Quality Assurance (QA) Officer and the Pre-hospital Coordinator. The QA officer is responsible for assisting the Pre-hospital Coordinator with education for the pre-hospital providers.
- 3.0 The Agency QA Officer is to complete QA on 10% of the months PCR's for their Agency. The monthly QA sheet documenting this along with all PCR's are to be forwarded to the Prehospital Coordinator by the 15th of the proceeding month.
- 4.0 The Prehospital Coordinator/designee will audit the following on a monthly basis:
 - 4.1 All code arrests
 - 4.2 All Do Not Resuscitate (Code 900)
 - 4.3 Monthly random review of 5% of refusal calls.
 - 4.4 Monthly random review of BLS/ALS encounters
- 5.0 The Base Hospital will conduct a quarterly QA Committee meeting to discuss and assure all purpose statement items are addressed. All recommendations/comments will be referred to the Agency supervisor, who will distribute them to the Agency's EMS personnel. These recommendations are kept confidential among the Agency, the Prehospital Coordinator, the individual involved and when needed, the Base Hospital Medical Director.