

DENVER FIRE DEPARTMENT

STANDARD OPERATING GUIDELINE

Section: OPERATIONS: EMS
Topic: EMS Quality Assurance / Quality Improvement Policy

Topic No:	2119.06
Date:	11-05-2020
Approved:	RM
Review Date:	11-05-2021
Replaces:	Same, dated 02-01-2018

PURPOSE: To provide an overview of the Denver Fire Department’s EMS QA/QI procedures and training requirements. This Department-wide process will provide an effective tool for evaluating and improving the quality of pre-hospital BLS care and service to the community.

SCOPE: Applies to all Denver Fire Department Personnel

DEFINITIONS:

BLS: Basic Life Support

EMS QA/QI Administrator: Reports to EMS Assistant Chief in the Operations Division and responsible for all QA/QI procedures outlined in EMS QA/QA policy

EPCR: Electronic Patient Care Report

Quality Assurance (QA): The process by which the performance of individual EMS providers will be continuously monitored to ensure compliance with treatment protocols and operational procedures

Quality Improvement (QI): A systematic, organizational approach for continuously improving all processes to deliver quality services

I. OVERVIEW

The EMS QA/QI Policy establishes procedures for the continuous evaluation and improvement of emergency medical services provided by the Denver Fire Department through the Quality Assurance and Quality Improvement program.

II. DOCUMENTATION REQUIREMENTS

A key component to any QA/QI program is proper documentation. Documentation not only has to have consistency but also must be legally defensible. Documentation training will be provided and mandatory for each Denver Fire Department member. This will consist of in-depth ePCR software training as well as narrative training. This documentation will be the platform for continuous improvement and give the QA/QI Administrator the tools necessary to provide accurate feedback and data collection. Medical calls that resulted in patient contact and treatment must be documented in drop-down menus within the ePCR software as well as in the narrative. Documentation examples can be seen in Appendix A.

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All reports are required to be completed by the end of shift. If an extension of shift is required for completion of the ePCR, approval and notification of the respective District Chief will be required.

III. PATIENT CARE DATA

Effective quality improvement relies on the collection, analysis, and interpretation of data in order to understand, modify and improve processes. Recording information only in narrative format is unacceptable. Each DFD member will be trained on the importance of standardized electronic data collection and the QA/QI Administrator will provide feedback regarding the quality of data entered.

The QA/QI Administrator will be responsible for auditing at minimum 5% of monthly medical calls. The QA/QI Administrator will also be responsible for creating quarterly reports to check for compliance and present data to Denver Fire Department's Assistant Operations Chief and Denver Fire Department's Operations Division Chief.

IV. QA/QI ADMINISTRATOR RIDE ALONG

The QA/QI Administrator will be responsible for scheduling a ride along with different stations on a quarterly basis. These rides will be an opportunity for DFD members and the QA/QI Administrator to communicate in an open forum and express any questions, concerns and share things that have been successful.

V. INITIATING A CASE REVIEW

If there is a unique medical call that either the QA/QI Administrator or DFD members identify, the QA/QI Administrator will present this call to the Medical Director to review. These calls are used as educational opportunities and crew members are encouraged to attend scheduled follow up reviews. DFD members will be advised if one of their calls was chosen for review.

VI. TRAINING AND EDUCATION

The QA/QI Administrator will meet monthly with the Denver Health EMS Education staff to discuss deficiencies identified through the QA/QI process. These deficiencies will drive EMS education to continually improve DFD EMS customer service delivery.

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VII. REMEDIAL TRAINING AND EDUCATION

Any remedial training will be handled on a case by case basis. This will be openly communicated to the DFD member and scheduled accordingly for one on one remedial education.

VIII. EPCR ADMINISTRATOR AND CONTACT METHODS

DFD's QA/QI Administrator will also serve as the ePCR Software Administrator. If any questions, concerns, or ideas for improvement arise throughout the use of this software, DFD members are instructed to contact the QA/QI Administrator with these inquiries.

The QA/QI Administrator will also be available to all DFD members for questions or guidance regarding proper patient documentation.

IX. TECHNICAL ISSUES WITH TABLET

When technical issues arise and a replacement tablet is needed, members are instructed to contact the Operation Division's Executive Assistant for a replacement. In the event that there is a delay in delivery of a new tablet, members will be responsible for completing Patient Care Reports and Fire Reports on their station desktop until a replacement is available.

If a tablet is physically damaged a letter is required explaining what happened in order to receive a replacement. This letter should be sent through the chain of command with the damaged device.

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APPENDIX A:

DOCUMENTATION EXAMPLES

I. PATIENT ASSESSMENT AND NARRATIVE METHODS

A. Recommended- CHART Method

Chief Complaint, History, Assessment, Treatments, Transport/Transfer of Care

B. Also Acceptable- SOAP Method

Subjective, Objective, Assessment, Plan

II. SPECIAL CONSIDERATIONS

Special considerations, such as examples below, will be available as attachments for members to review and be familiar with

C. Patient VS. Not a Patient

B. No Patient Contact

C. Assisted ALS

D. Refusals

E. DOA's

F. Documenting more than one patient

G. Fire call resulting in a patient