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|  | St. Clair Twp. New Miami Life Squad | Document No.: ADM-P-002 | Revision: - | Pg. 1 OF 5 |
| | | Title: Policy, Quality Assurance | | |

| Revision History: | | | | |
|-------------------|------------------------|---------------|--------------|-----------------|
| Rev. | Description of change: | Initiated By: | Approved By: | Effective Date: |
| - | Initial Release | S.Weigold | R.Bubemyre | 05/05/05 |

1.0 PURPOSE

The purpose of the Quality Assurance Policy is to define the requirements for ensuring that St. Clair Twp – New Miami Life Squad continues to fulfill its mission.

2.0 SCOPE

2.1 APPLICABILITY

This policy applies to all members of the St. Clair Twp. – New Miami Life Squad regardless of rank or seniority.

2.2 RESPONSIBILITY

All department officers are responsible for ensuring compliance with this policy. The Quality Assurance Coordinator is charged with oversight of all quality assurance operations.

3.0 DEFINITION OF TERMS

QA – an acronym meaning Quality Assurance.


Quality Assurance – A method by which the department ensures that all facets of its operation are conducted to accepted standards.

QA Coordinator – The department member charged with oversight of the Quality Assurance operation.

4.0 REFERENCE DOCUMENTS

DOC-P-001 – Mission and Values Statement
ADM-F-001 – Form, On Scene Review Report

5.0 EQUIPMENT USED

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No equipment is required for compliance with this policy

6.0 SAFETY CONSIDERATIONS

There are no special safety considerations for compliance with this policy.

7.0 SPECIAL REQUIREMENTS

There are no special requirements for compliance with this policy.

8.0 POLICY

8.1 Quality Assurance Coordinator

The Quality Assurance Coordinator will be selected from the membership by the Chief, and will have oversight over all Quality Assurance operations. The coordinator is not necessary expected to conduct all QA operations, but is expected to ensure they are progressing. In the event that QA operations are not progressing as needed, the coordinator has the authority to contact the appropriate officer and initiate corrective action.


8.2 Run Report Review

As a legal document and one representative of the care provided to our patients, the assurance of quality in our documentation is of paramount importance to the quality assurance mission. Members should remember that the run report reflects the quality of the care provided to the patient, and may be the only opportunity provided to defend that care in court. As such, members are expected to welcome the Quality Assurance process, and eagerly and expeditiously implement any quality improvements indicated.

8.2.1 Review Personnel

The QA coordinator shall appoint as necessary personnel to review run reports. The coordinator does not necessarily have to have approval from the Chief for reviewer appointments, but the Chief has the authority to override appointments at his discretion. The certification requirements for the appointed reviewer vary depending on the run report reviewed. It is mandatory for the reviewer of a given report to be of equal or higher certification than the level of care provided on the run.

8.2.2 Frequency of Review

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Where feasible, it is expected that all run reports receive a QA review. When this is not possible, the QA coordinator should ensure that at least one report for each member is reviewed bi-weekly. Members without sufficient run volume for biweekly review will have all run reports reviewed.


In the event that regular QA review of all run reports is not occurring, the QA Coordinator shall develop appropriate documentation to ensure that the bi-weekly review requirement for each member is being met. At a minimum this documentation should include:

- ? Member's name
- ? Reviewed run report number
- ? Review date
- ? General summary of any deficiencies found

8.2.3 Corrective Action

Any run report found with deficiencies must have corrective action performed. The procedure for corrective action for run reports is as follows:

1. Make a photocopy of the deficient run report
2. On the copy, using a black marker, cover the following:
 - a. Patient name
 - b. Date of birth
 - c. SSN
 - d. Phone number
 - e. HIPPA Signature
3. Using a red pen or marker, circle or underline any deficient areas. Alternately using a highlighter, highlight any deficient areas.
4. Make notes in the margin or on back of the copy if needed to explain deficiencies or question actions.
5. Provide a copy to the immediate supervisor for each of the members on the run.
6. The immediate supervisor for each affected member will review the deficient run report with each applicable member and ensure that the deficiencies are not permitted to continue on future reports.
7. If, in the opinion of either the QA Coordinator or the supervisor, the run report is lacking enough to warrant a supplemental report submission, the supervisor will ensure that the treating attendant or other applicable

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member completes a supplemental report and submits it for inclusion with the run report.

8. The supervisor will maintain records of deficient reports for each member and take appropriate disciplinary action for excessive or overly repetitive deficiencies.

8.3 On Scene Performance Review

As the run report only provides a partial picture into the operations of the department, the QA process will also include review of member's performance on scene. This review will not be limited to just patient care, but will also include (where applicable) review of other performance such as:

- ? Bedside manner
- ? Incident command
- ? Physical agility/ability
- ? Radio operations
- ? Organization
- ? Problem solving
- ? Teamwork
- ? Creativity


As with run report review, members are expected to welcome the on scene performance review and implement corrections for deficiencies in an eager and expedient manner.

8.3.1 Review Personnel

On scene review of member performance should generally be conducted by the immediate supervisor of the member in question. In special cases the review may be conducted by another officer of equal or higher rank. If possible reviews should be conducted by an officer of equal or higher certification to the member being reviewed. In any case, the officer conducting the review will not be actively involved in patient care. If the officer conducting the review needs to become involved in patient care the review becomes void.

8.3.2 Documentation

The reviewing officer will complete an On Scene Review Report (ADM-F-001) and provide a copy to the immediate supervisor for each member

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reviewed on the run. It is at the discretion of each immediate supervisor whether or not to use the review to meet the requirements of section 8.3.3.

8.3.3 Frequency of Review

All members will have an on scene performance review at least quarterly. Supervisors will maintain documentation sufficient to ensure that the requirements of this section are met.

8.3.4 Corrective Action

On scene performance reviews will be shared with the member in question by the immediate supervisor regardless if deficiencies are noted or not. In the event that deficiencies are noted, the member and the supervisor will develop a corrective action plan that is specific to the deficiencies noted. For severe deficiencies (in the judgment of either the supervisor or the reviewing officer) the corrective action plan will be put in writing. Supervisors will place the review report and any applicable corrective action plan in the member's file.

The supervisor will maintain records of deficient reports for each member and take appropriate disciplinary action for excessive or overly repetitive deficiencies.

9.0 DOCUMENTATION

Non-compliance with this policy will be documented as needed using the standard department complaint procedure. Specific policy related documentation requirements are detailed in the appropriate sections of the policy.