

**OKALOOSA COUNTY  
EMERGENCY MEDICAL SERVICES  
STANDARD OPERATING PROCEDURE**

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<b>Title:</b>	<b>Quality Assurance Process</b>
<b>Policy:</b>	<b>501.00</b>
<b>Purpose:</b>	<b>Quality Assurance (QA) is the standard of care established by the Florida Department of Health, Chapter 64J-2, Florida Administrative Code (F.A.C.) Emergency Medical Services. It requires the Medical Director to approve written protocol and patient care activities, this includes Quality Assurance. Quality Assurance then becomes a structured and functional review of the patient care activities, and provides feedback to the involved individuals and can be used for education.</b>

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**Policy:**

1. The role of Quality Assurance (QA) is to assess the medical performance of the Paramedics and EMTs. The Branch Commanders and Field Training Officers, along with the Medical Director's involvement, will review patient care by direct observation and records review. In addition, a review can be initiated by a team member self-reporting, any team member directly involved in the patient care, customer, or a healthcare partner involved in the patients care. At no time shall an employee report a concern based on rumor or conjecture; employees involved in this practice shall be subject to disciplinary action as outlined in the Human Resource Policy Manual.
2. Patient care reports will be reviewed for completeness and protocol adherence. Team members will be provided feedback on reports reviewed. The number of daily reviewed reports will include 100% of all inter-facility transports, all chest pain, all Alerts (Cardiac, Stroke, and Trauma) and all cardiac arrest patients. In addition, all Specialty Care Transports will be reviewed to assess if the transfer met Specialty Care Transport criteria and if the transport provided a medical benefit to the patient. A minimum of 50% of all remaining calls will be reviewed daily. Reports will be reviewed by the Planning and Training Section, Branch Commanders, Field Training Officers, and the Medical Director(s).

Interfacility transfer electronic patient care reports (ePCR's) will be initially reviewed by the Planning and Training Section Coordinator for correct billing related fields. The Branch Commanders will assign reports to their FTO from the previous 12 hour shift; the Branch Commander will ensure the FTO is allotted 1 hour per shift to complete this review and ensure that the QA's are completed. If the FTO cannot complete the QA's, the Branch Commander is responsible for their completion. When the Planning and Training Coordinator is unavailable (i.e., weekends, holidays, etc.) the Branch Commander and/or FTO is responsible for creating the Billing QA lists and reviewing the interfacility transfers.

The FTO will review reports for clinical correctness. If a minor documentation issue is discovered, the FTO shall return the report to the author for corrections/ clarifications. If a deficit or deviation of the Standard of Care or Protocol is discovered during the initial review, the incident number and ePCR will be escalated to the Branch Commander with an outline of the concern. The Branch Commander will review the report and gather data to attempt to vet the validity of the discretion or concern. If the concern is not valid (i.e. poor documentation), the author will be requested to clarify via addendum. If the concern is validated, the Branch Commander will determine if the author deviated from policy or protocol and escalate the report to the Operations Section Chief (for policy deviations) or the Planning & Training Section Chief (for protocol and Standard of Care deviations). For reports that may involve both policy and protocol deviations, it shall be escalated to both Sections Chiefs. At no time shall an FTO or Branch Commander perform QA on their own reports. At no time shall a Branch Commander perform QA regarding another Branch Commander or supervisor; they shall be assigned to the Planning & Training Section Chief for review if a concern is discovered. The Section Chiefs will make the determination whether to escalate the report to the Medical Director, Public Safety Director, or Human Resources.

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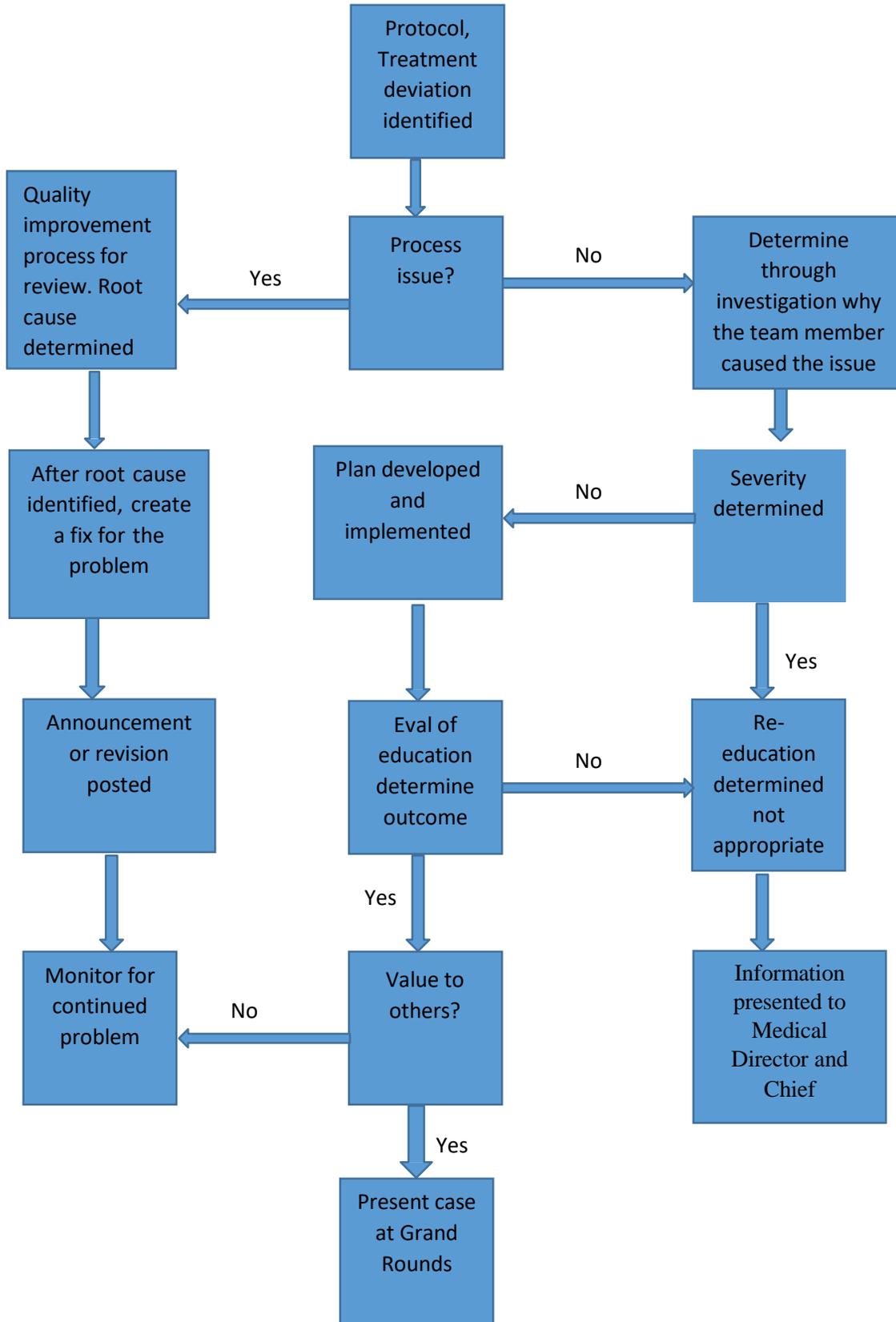
List of examples for feedback, but not limited to:

- Spelling
  - Grammar
  - Completed all required and optional data fields
  - Protocol adherence
  - Advanced treatments (intubation, chest decompressions, etc.)
  - Including all additional gathered information (12-lead ECG, etc.)
3. If through review a protocol or standard of care deviation is identified, the report will be forwarded to the Planning and Training Section Chief and the team member(s) involved with the identified issue explained. Examples, but not limited to:
- Medication errors
  - Dosage problems
  - Incorrect or absence of treatment as provided by protocol or the standard of care.

These types of events will be reviewed for system problems, protocol problems, and/or team member problems. System problems may be identified by not meeting the benchmarks set with input from the Medical Director. Examples of benchmarks, but not limited to:

- Field intubations =>90%
  - IV success rate =>85%
  - Patient assessment/Protocol adherence =>95%
  - 12 lead obtained on all non-traumatic chest pain in less than 5 minutes of patient contact => 90%
4. Feedback will be provided to the team member on any outcome(s). A plan may be developed to address the issue at any level (system, protocol, individual) to get it resolved. At the individual level, a plan will be developed with input from, but not limited to, the Medical Director, the Planning and Training Section Chief, Field Training Officers, and that individual's Branch Commander. If the team member fails to complete the plan, the information will be forwarded to the Medical Director.

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**Accountability and Compliance:**

1. Records shall be electronically scanned/stored and must remain as a part of the Quality Assurance Policy for a period of 7 years.
2. During each monthly MDQA Meeting, the Medical Director will be presented with the data from previous months Quality Assurance data.

Policy #: 501.00  
CAAS: 201.06.02  
Author: Leadership  
Reviewed: Leadership  
Approved: Leadership  
Status: Active  
Effective Date: 03/07/16  
Revision Date: 09/14/18