



Quality Improvement

Critical Event Audits

I. PURPOSE

The purpose of this policy is to provide guidelines for the ongoing audit of critical EMS events.

II. DEFINITION – None.

III. POLICY

A. Some specific EMS events are critical because they have a low frequency of occurrence and are deemed high risk. These Critical Events will be audited on an ongoing basis by the ~~HSHS St. Mary's~~ EMS System. Critical Events include but are not limited to:

1. Cardiac Arrest Patients
2. Patients who meet Triple Zero criteria
3. Patients who meet Trauma Field Death Declaration

B. The Patient Care Reports for these Critical Events will be submitted to the ~~HSHS St. Mary's~~ EMS System office weekly by System agencies. The documentation of the reports will be audited using worksheets. The resulting data will be reviewed by the ~~HSHS St. Mary's~~ EMS System Medical Director and the ~~HSHS St. Mary's~~ System Coordinator on a quarterly basis and a written report will be shared with Agency Coordinators.

C. Any Critical Event with identified patient care concerns will be reviewed with the providers involved by the ~~HSHS St. Mary's~~ EMS System Medical Director or his/her designee.

IV. REFERENCES – None.

Risk Screens/Reporting of Problems

I. PURPOSE

The purpose of this policy is to provide a mechanism for prehospital personnel to address problems, concerns or near misses that may arise during the provision of prehospital care within the HSHS St. Mary's EMS System.

II. DEFINITION – None.

III. POLICY

- A. Prehospital personnel shall complete an EMS Risk Screen whenever an EMS System related problem occurs. When completing the EMS Risk Screen, hospital and prehospital personnel shall describe the specific problem or issue using a brief objective summary with supporting documentation as needed.
- B. All information on the EMS Risk Screen is confidential and protected from legal discovery. The EMS Risk Screen is for quality assurance purposes only, and no copies shall be made of the EMS Risk Screen for any reason.
- C. All EMS Risk Screens shall be reviewed by the HSHS St. Mary's EMS Medical Director, the HSHS St. Mary's System Coordinator, and/ or the appointed personnel from the HSHS St. Mary's EMS office. Findings shall be documented on the Risk Screen Review Form.
- D. If needed, corrective action will be documented on the Risk Screen Review Form or attached as appropriate. All Risk Screens will be logged to monitor reoccurrence of the same problem.
- E. The HSHS St. Mary's EMS System Medical Director and/or the System Coordinator will determine the initial action to be taken and who will be responsible for resolution of the problem.
- F. Situations that require the East Central Illinois EMS System Medical Director intervention include:
 - 1. Equipment or vehicle failure
 - 2. Delay in response or transport of patient
 - 3. Inappropriate procedure or equipment for restraining a patient
 - 4. Injury to patient or property
 - 5. Deviation from HSHS St. Mary's EMS System policy or Region VI protocol/care guidelines



~~HSHS St. Mary's~~ EMS System

6. Personal safety issues
7. Quality of care issues involving another agency
8. Patient pick-up/drop-off issues
9. Refusals
10. Significant exposure
11. Any situations, conditions, or events which could adversely affect a patient, prehospital care provider or the East Central Illinois EMS System

IV. REFERENCES

~~HSHS St. Mary's~~ EMS System Risk Screen