

Memorial EMS  
Decatur Memorial EMS  
Springfield Memorial EMS

# Interfacility Quality Assurance



Developed March 2025

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## QA/QI

Agency: \_\_\_\_\_ Date: \_\_\_\_\_ ePCR: \_\_\_\_\_

Paramedic: \_\_\_\_\_ Lic. No.: \_\_\_\_\_

Transport from: \_\_\_\_\_ Transport to: \_\_\_\_\_

- ☐ Vital signs documented at minimum every fifteen minutes.
  - ☐ Change in vitals
  - ☐ Documentation reveals change noted and care rendered accordingly
- ☐ Documentation reveals ongoing assessment to monitor for
  - ☐ Hypotension
  - ☐ Extreme bradycardia or tachycardia, dysrhythmia
  - ☐ Increasing chest pain
  - ☐ Altered mental status or change in neuro exam
  - ☐ Documentation of appropriate care rendered accordingly
- ☐ Any alterations in IV status documented
  - ☐ IV catheter unexpected discontinued
  - ☐ Rate adjustments of infusions
  - ☐ IV Medications within Advanced Scope Protocol
  - ☐ Documentation of appropriate care rendered accordingly
- ☐ Were ventilator settings changed during transport
  - ☐ Reason and response documented
- ☐ Was Medical Control or Ordering Physician contacted after EMS arrival
  - ☐ Reason and response documented
- ☐ Any unusual occurrences documented
  - ☐ Issues reported to EMS System QI Coordinator
- ☐ Chart reviewed by EMS System QI Coordinator
  - ☐ Any abnormalities in transport require EMS MD review
  - ☐ Follow up with transporting crew

This tool is provided as a minimum standard for Agencies to utilize when completing their QA as required in the Administrative Code. QA shall be maintained by the agency for the first year for all new providers (new to agency or to role) as well as new medications and interventions. Reports should be submitted to the EMS System quarterly.