

ECH/Essex County QA/QI

Continuous Study Topics

Purpose: The following topics have been identified as low-frequency, high-risk incidents that require continuous review to identify treatment trends across the catchment. As such, all PCR's relating to these topics should be submitted for review.

Cardiac Arrest/Death

- Submission Requirements:
 - All cardiac arrests agency responds to
 - All cardiac arrests witnessed by EMS
 - All dispositions of "patient dead at scene," including obvious deaths PTA
- Key Review Points
 - Times
 - Response Time
 - Time to CPR Initiation
 - Time to defibrillation
 - Code times
 - Level of Care
 - When cardiac arrest occurs (PTA or witnessed by EMS)
 - Achievement of ROSC
 - BLS/ACLS Adherence
 - Review of Reversible Causes (H's and T's)
 - Rhythm Interpretation
 - Airway Management (BLS vs. SGA vs. ETI)
 - Vascular Access (Presence, IV vs. IO)
 - Medication Administration
 - Termination of Resuscitation (Standing Orders vs. Medical Control)
 - Obvious Death (Determinations, Resus attempted prior)

Major Trauma

- Submission Requirements:
 - Any PCR's meeting major trauma criteria per "Trauma Patient Destination" Protocol (Collaborative Protocols 4.12) (AKA 2011 Guidelines for Field Triage of Injured Patients)

Major Trauma (Con't)

- Key Review Points:
 - Time on Scene (Ideally <10 min, excluding extrication)
 - Documentation and performance of *full* trauma exam
 - Spinal Motion Restriction
 - Hypoperfusion Management (Positioning, oxygen, warming)
 - Airway Management (as needed)
 - Hemorrhage Management
 - Splinting (Long-bone, traction, pelvic binder)
 - Consideration of HEMS
 - Vascular Access
 - Fluid Administration (Type, amount, warmed?)
 - Use of permissive hypotension
 - Documentation of Major Trauma Criteria
 - Appropriate Transport to Trauma Center

“Significant ALS Calls”

- Submission Requirements
 - ALS 2 Billable Calls, as defined by CMS standards. (Includes: 3 or more IV medication administrations; manual defibrillation/cardioversion/transcutaneous pacing, endotracheal intubation, chest decompression, intraosseous line, surgical airway)
- Review Points:
 - Established review points have not yet been established. These PCR's will be reviewed on an individual basis to consider all aspects of patient care.

Aeromedical Transport/Inability to Utilize Aeromedical Transport

- Submission Requirements
 - Any PCR including utilization of aeromedical transport or inability to utilize aeromedical transport (aircraft declines flight).
- Review Points:
 - Time and point of request (Dispatch protocol, during response, upon assessment)
 - Delays due to switching of helicopter agencies, waiting for helicopters, etc.
 - Which agency utilized (Per dispatch protocols vs. individual request)
 - Reason for aeromedical utilization
 - Transport time to definitive care >45-60 min by ground
 - Level of care necessary only available by aeromedical
 - Other
 - Utilization of aeromedical indicated
 - Reason aircraft declines (if known)
 - Where patient is transported by aeromedical, as well as treatments provided by aeromedical (if known)

Controlled Substance Administration

- Submission Requirements:
 - Any PCR in which a controlled substance is administered.
- Review Points
 - Medication Utilization
 - Dosages- Weight based vs. “standard dosing”
 - Administration routes
 - Improvements and/or adverse effects
 - Vital signs surrounding administration
 - Use of EtCO₂
 - Incidence of nausea, with anti-emetic administration
 - Documentation of wastage with ALS provider, RN, or above.

Concerning Calls

- Submission
 - Any PCR in which the QA/QI representative or member of an agency feels that the call should be reviewed.
- Review Points
 - Individual Review on a case-by-case basis

Crew Members Request QA/QI

- Submission
 - Any PCR in which a crew member requests QA of the selected run, requested either on PCR system if applicable or e-mail sent to echemsqa@ech.org
- Review Points
 - Individual review on a case-by-case basis