1. **PURPOSE**

1.1 To establish and define the Quality (Improvement) Assurance aspect of Emergency Medical Dispatch.

2. **MONITORING**

2.1 All calls handled by an EMD will be recorded and maintained on tape for a minimum of 100 days.

2.1.1 It will be the responsibility of the PSC to assure the quality of the tapes and of the recordings.

2.2. Dispatch times will be recorded on all calls and maintained in the EMS-CAD database. Times will be reviewed monthly or as needed and will include the following:

2.2.1 Call received
2.2.2 Unit dispatched
2.2.3 Unit in service
2.2.4 Unit arrival on scene
2.2.5 Unit enroute to hospital
2.2.6 Arrival at hospital
2.2.7 Returned to service
   2.2.7.1 limited
   2.2.7.2 post assignment
2.2.8 Canceled, if applicable
2.3. The Duty dispatch supervisor must be a certified EMD and be available for consultation at all times.

2.4 There shall be a quality assurance coordinator who is a Physician, Registered Nurse, or EMT-P that has been approved by the EMS agency to fulfill that role.

3. SPECIFIC CALL REVIEW

3.1 Ten percent (10%) of all calls will be reviewed utilizing the "EMD Call Review 3 part Form"

3.1.1 The White copy of each completed form shall be kept by the reviewer for a Continuing Medical Dispatcher Education (CMDE) record.

3.1.2 The Yellow and pink copies of each completed form shall be sent to the QA staff for review and then returned to PSC to be filed.

3.2 Calls reviewed will include those from all shifts and all dispatchers.

3.3 The following reviews are mandatory:

3.3.1 Review requested by any EMS personnel
3.3.2 Sequence card is used
3.3.3 Priority Three dispatch that returns Priority One to the hospital
3.3.4 Level of dispatch is upgraded after dispatch
3.3.5 MCI, HazMat, or disaster plans are utilized
3.3.6 Call related to complaint received

3.4 Random subject audit as determined by EMS Agency and Quality Assurance Coordinator.

3.5 A current list of Incident Numbers of those calls reviewed will be maintained.