

EMERGENCY MEDICAL DISPATCH QUALITY (IMPROVEMENT) ASSURANCE

APPROVED:	Barbar Plet
EMS Medical Director	EMS Administrator
SMCPSC	American Medical Response

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 inservice
 - 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

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- 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

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