NORTH CENTRAL CONNECTICUT EMS - REGION 3
QUALITY ASSURANCE / QUALITY IMPROVEMENT POLICY:
DOCUMENTATION OF FIRST RESPONDER PATIENT ENCOUNTERS

Purpose:

To provide minimum criteria for First Responder (EMR AND EMT) documentation of EMS patient encounters.

Scope:

Region 3 Hospital sponsored EMS first responder agencies

Policy:

A. Each first responder agency will maintain a policy/procedure for documentation of patient encounters

B. The lead first responder will document at least the following for each patient encounter he or she responds to:
    a. Time 911 call was received
    b. Time they were dispatched
    c. Time of arrival on scene
    d. Time of patient contact
    e. Simple history of the presenting complaint/injury
    f. Assessment findings including at least:
        i. Patient AVPU mental status
        ii. Airway patent, partially or fully obstructed
        iii. Breathing rate and effort
        iv. Pulse rate and skin appearance
        v. Presence/absence/severity of any external bleeding
    g. Specific treatment(s) the first responder(s) performed (including dose and route for any medication administered)
    h. Sequence treatments were performed in (ideally including the time of each treatment)
    i. Effectiveness of treatment(s)/patient response to treatment(s)

    Documentation should be limited to assessments and treatments performed by the first responder(s). Refer to the other EMS agency's patient care reports for details regarding care by other EMS.

C. First responder agencies will provide their sponsor hospital a copy of patient encounter documentation on request and according to any standing request or policy of the sponsor hospital.

D. After any AED use, first responder agencies will download a complete AED use report from the device (if device has capability). Agencies will provide their sponsor hospital a copy of AED report on request and according to any standing request or policy of the Sponsor Hospital.

NORTH CENTRAL CONNECTICUT EMS, REGION 3
QUALITY ASSURANCE / QUALITY IMPROVEMENT POLICY:
SELECTION OF INDIVIDUAL FIRST RESPONDER CASES FOR REVIEW

Purpose:

To provide minimum criteria for the selection of First Responder EMS cases to be reviewed for quality

Scope:

Region 3 Hospital Sponsored EMS First Responder Agencies

Policy:

A. The following categories of calls are believed to present both greater than usual risk as well as opportunities for provider recognition/praise. Sponsored first responder services will internally review 100% of calls meeting these criteria for adherence of assessment and clinical care to established Connecticut Statewide EMS protocol. Reviews will be documented in a spread sheet or other format suitable to data viewing and analysis. As soon as possible, but no later than one month from the date of call, sponsored EMS first responder services will forward to the Sponsor Hospital EMS Coordinator copies of the QA reviews and patient care reports for all calls which meet one or more of the following criteria. First responders may exclude cases in which a higher level EMS provider was on scene prior to first responder arrival and maintained responsibility for patient care throughout the encounter.

1) Patient encounters in which the patient displayed any of the following conditions:
    a. Cardiac Arrest
    b. Respiratory arrest or agonal respirations
    c. Massive (immediately life-threatening) external bleeding
    d. Childbirth in which there was delivery of the baby or presentation of a head, limb or umbilical cord

2) Patient encounters in which an agency EMR or EMT performed, attempted or administered any of the following procedures or medications:
    a. BVM, AED, NPA or OPA
    b. Arterial tourniquet, wound packing and/or hemostatic dressing (e.g. QuickClot)
    c. Naloxone
    d. Epinephrine

B. Sponsored EMS First Responder services should randomly review a percentage of calls for documentation and clinical care each month. It is recommended that a minimum of 10 calls or 5% of 911 calls per month (whichever is less) be reviewed.