

# EMS Agency Performance Improvement Checklist

*This checklist is designed to be regularly completed after a specific measurement period determined by the EMS agency. The measurement period may be monthly, quarterly, semi-annually, or annually. Use the checklist to start your performance improvement program.*

EMS agency: \_\_\_\_\_

Measurement period dates: from \_\_\_\_\_ to \_\_\_\_\_

## 1. Continuously in Service

During the measurement period, the EMS agency was continuously available for service (did not go out of service due to staffing, vehicle or other issues).

Yes       No

## 2. Response Reliability

During the measurement period, the EMS agency responded to all requests for service (excluding requests that came when the EMS agency was unavailable due to being on another call).

Yes       No

Total Calls: \_\_\_\_\_ Total Responses \_\_\_\_\_

## 3. Response Times

During the measurement period, the EMS agency has recorded, tracked, and evaluated response times, including chute times (the time from first page to wheels rolling to the call) and response times to the emergency scene (the time from the first page to arrive on scene).

Yes       No

## 4. On-Scene Times

For the measurement period, the EMS agency has recorded and reviewed all on-scene times (the time from arrival on scene to departure to the hospital) for appropriateness to the specific situation and deemed them as appropriate.

Yes       No

## 5. ALS Intercepts

During the measurement period, an ALS intercept was initiated for all patients with chest pain or myocardial infarction symptoms, cardiac arrests, severe respiratory distress, respiratory arrest or severe traumatic injury.

Yes       No

## 6. Completeness of Patient Care Reports

For the measurement period, all patient care reports have been reviewed by the EMS agency PI Committee for completeness, including vital signs and accurate call times.

Yes       No

## 7. Protocol Compliance

For the measurement period, all patient care reports have been reviewed by the agency PI Committee for appropriate care and protocol compliance.

Yes       No

## 8. Major calls are reviewed by Medical Director

For the measurement period, all PCRs that involved cardiac arrest, traumatic arrest, severe respiratory distress or arrest, major trauma and/or challenging clinical care management have been submitted to the Medical Director for review and feedback was received.

Yes       No

## 9. Trauma, cardiac and stroke care and destinations

For the measurement period, all PCRs that involved major trauma, possible myocardial infarction, or possible stroke were evaluated for compliance with local policies, protocols and destinations.

Yes       No

## 10. Cardiac Arrests

For the measurement period, all cardiac arrest calls were reviewed for appropriate care, response time, on-scene time and transport time. All calls were also entered into the CARES registry.

Yes       No

Date Completed: \_\_\_\_\_

Signature of PI Coordinator: \_\_\_\_\_

The sample checklist presented in this kit has been designed to help you get started in managing the quality within your service. Below is the rationale for some of the items on the checklist.



The checklist addresses key areas of performance from the perspective of the patient and customer. Obviously, when a

person calls 911 for an ambulance, the expectation is that an ambulance will respond. But the expectation is for more than just a vehicle with wheels; it is for a competent, trained and equipped crew to arrive to manage the scene and address the patient's needs in a timely manner appropriate for the location and the actual emergency. Because of volunteer staffing challenges, sometimes an ambulance is unable to respond in a timely manner, or a neighboring ambulance service is required to handle the call.

If the patient's needs are above the capabilities of the initial responders, there is an expectation

that a higher level of care be requested to intercept and provide that higher level of care. This could be an Advanced Life Support intercept by ground or helicopter.

On a regular periodic basis (whether monthly or quarterly is appropriate will depend on the call volume and actual events), the Quality Coordinator should review the patient care reports submitted for all calls to ensure every report reflects the ambulance service's protocols and procedures. Patient care reports with complicated patient care or reports for specific types of patients should be reviewed with the Medical Director. The resulting findings should be used to revise protocols and procedures (if needed) or provide feedback into the training program of the ambulance service. By doing these few things, you can provide good quality services to your community.

The checklist, or any other tool you use, should be repeated over time to show whether things are improving or need attention. How often this is repeated will depend on the ambulance service and how busy you are. It could be repeated as often as monthly; or for low-call volume services, once per quarter or twice per year may be sufficient. Once you are regularly checking, you are practicing Continuous Quality Improvement!

