

Subject: Administration – Quality Assurance
Field Care Audit Guidelines

- I. Authority and Reference (incorporated herein by references)
 - A. Division 2.5 of Health and Safety Code
 - B. California Code of Regulations, Title 22
 - C. North Coast EMS Policies and Procedures

 - II. Purpose

To allow organized review of actual cases to foster the educational development of EMS personnel and to maintain regular contact between base hospital and assigned prehospital personnel. To provide a positive, noncritical environment for learning, in which prehospital and in-hospital staff can better understand one another's roles and to ensure that paramedics maintain continuous accreditation by meeting local requirements for updates in local policy, procedure, protocol and local optional scope of practice and continue to meet requirements of the North Coast EMS CQI policies. .

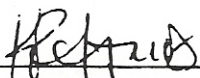
 - III. Procedure
 - A. Cases are selected for review at the Field Care Audit (FCA).
 1. Tape recordings and written documentation related to prehospital cases are routinely reviewed by base hospital personnel (as described in Section 2100 of this manual). Cases of special interest, or which represent learning opportunities of value to the group, are selected.
 2. Trended data from statistical review and other aspects of the QA/CQI process may be used to identify opportunities to improve care. Cases demonstrating aspects of care relevant to those identified needs may be selected for review.
 - B. Relevant documentation pertaining to the cases is obtained.
 1. Tape recordings of the actual call are an invaluable asset to the FCA. Every effort should be made to provide an understandable copy of the actual recording. If the quality of the recording prevents easy, intelligible listening, a transcribed copy of the exchange may be provided to the group. In rare instances, when no recording of the call exists, a case may still be reviewed, but this should not represent the standard.
 2. Copies of written documentation related to the call should be provided. Documentation needed for adequate case review may vary, but will usually include the Prehospital Care Report (PCR), the Radio Run Report, and relevant cardiac rhythm strips. In addition, it may be appropriate to provide related policies or
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- procedures for reference. It may not be necessary to provide copies for each attendee, but adequate documentation should be available for all participants to view.
3. Anonymity for the patient and the prehospital personnel should be established, whenever possible. If this is not possible, advance notice should be given to the prehospital personnel.
- C. Date, time and location of the proposed audit meeting must be published by the individual responsible for the FCA, following the State EMS Authority Guidelines for Prehospital Continuing Education.
1. Frequency, timing and location of FCA's may be adjusted to meet individual base hospital/provider needs, but each base hospital should provide a minimum of one (1) FCA each month. (Exceptions may be allowed with the written consent of the Medical Director of North Coast EMS.)
 2. Every effort should be made to schedule meetings to facilitate attendance of involved personnel.
 3. Adequate notice (minimum of two (2) weeks) will be provided to involved personnel. Prescheduling of several months' FCA's is encouraged.
 4. Notice of FCA date, time and location will be posted at the base hospital and at the provider ambulance base(s) which most frequently serves that hospital. Other agencies who would like notification of FCA's should contact the Prehospital Care Nurse Coordinator (PCNC). These may include Emergency Medical Dispatchers, Auto External Defibrillation personnel, first responder agencies, etc. In addition, North Coast EMS must be notified of date, time, location and subject matter of any material.
 5. Canceling or postponing of scheduled FCA's should not occur unless there are exceptional circumstances. If a FCA must be canceled or postponed, every effort should be made to notify likely attendees.
- D. The Field Care Audit is conducted.
1. The FCA should begin as scheduled.
 2. Selected cases are reviewed. The FCA should focus primarily on treatment, interventions and local policies. Ideally, the case is presented in a chronological fashion with opportunity to pause for discussion as the scenario unfolds. Appropriate aspects of patient care and staff interaction are discussed. FCA discussion should include relevant BLS aspects of care, and the interface of first responders, EMD personnel, EMT-I and ALS personnel.

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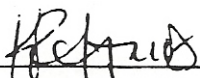
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Constructive criticism, as well as positive feedback, can be provided to participants. In the course of case review, there may be opportunities identified to alter systems or develop/improve policies related to prehospital care. This information should be summarized by the PCNC, and if applicable, forwarded to North Coast EMS.

3. Case review should serve as the springboard for discussion and education. Didactic material may be presented as a portion of the FCA if the discussion is related to the cases being reviewed and is limited to 50% of the content.
4. Case review is coordinated by the PCNC. Actual presentation of cases may be delegated. Peer review of calls is encouraged. The Prehospital Care Medical Director (PCMD) should be available for discussion of medical direction and standards of practice.
- E. Documentation of continuing education (CE) credit is provided.
 1. All requirements defined in the EMS Authority Guidelines for Prehospital Continuing Education must be met, including development of goals and objectives for each FCA. The CE Provider Program Director is responsible for fulfilling these requirements.
 2. Attendees are required to sign the attendance roster, and must indicate their certification number.
 3. Any critique or post test or other evaluation component required by the provider must be completed to obtain CE credit.
 4. Minimum FCA duration is one hour. One hour of CE credit is provided for each hour of FCA attended. Participants who are not able to be present for the majority of the FCA will not be credited with CE.
 5. The PCNC will provide attendees with written documentation of CE credit. Format for CE certificates is described in the State EMS Authority Guidelines for Prehospital Continuing Education.
 6. Additional educational offerings may be scheduled in conjunction with the FCA. CE will be provided to EMT-Ps and MICNs, assuming requirements are met. Other certificate holders may attend offerings, if content is appropriate for their certificate level. If possible, didactic education can be provided which complements case review offered in the FCA.

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