

# LEON COUNTY E.M.S.

## Standard Operating Guideline

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Title: Clinical Standards – Performance Indicators and Thresholds

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### I. PURPOSE:

Part of the IQM process (as outlined in SOG 504.00) will include monitoring of measurable clinical indicators that are regularly assessed for compliance with established thresholds. As in IQM, this review and evaluation is primarily the function of the Medical Director and the IQM Manager; however it also includes supervisors, Field Training Officers, management, and field personnel.

### II. GUIDELINE:

The following clinical indicators will be monitored:

- A. Documentation: All calls for service will have a complete patient care report associated with the call, 100% of the time. The on-duty supervisors will be primarily responsible for monitoring this indicator on a daily basis.
- B. Timely and accurate patient assessments: On ALS calls, the paramedic will complete an ALS assessment within five minutes of making patient contact, at minimum 95% of the time.
- C. Cardiac Interventions: On calls where the administration of aspirin is indicated, the paramedic will administer aspirin within ten minutes of making patient contact, at minimum, 95% of the time.
- D. Cardiac Interventions: On calls where obtaining a 12 Lead EKG is indicated, the paramedic will obtain the 12 Lead EKG within fifteen minutes of making patient contact, 95% of the time.
- E. Cardiac Interventions: On calls where the paramedic declares the patient as having a possible “STEMI,” the paramedic will notify the receiving facility within ten minutes, 100% of the time. Additionally, the paramedic will transmit a 12 Lead EKG to the receiving facility 100% of the time.
- F. Intravenous Access: On calls where obtaining IV access is indicated, the paramedic will have an 80% success rate out of patients.

G. Airway Management: On all calls requiring active airway assistance, all field personnel will have 100% success rate with successfully managing the airway.

H. Airway Management: On calls where endotracheal intubation is required, the paramedic will have an 80% success rate at placing the endotracheal tube. Esophageal intubations will be recognized by the paramedic within fifteen seconds, 100% of the time.

I. Trauma Alerts: On calls where the patient meets state trauma alert criteria, the paramedic will notify the receiving facility (via dispatch) of the trauma alert within ten minutes of recognizing the patient meets criteria, 100% of the time.

J. Stroke Alert: On calls where the paramedic identifies a patient with signs and symptoms of a stroke, when onset is within the current accepted window, the paramedic will notify the receiving facility within ten minutes of recognizing criteria is met, 100% of the time.

K. Patient Refusals: On calls where the paramedic makes patient contact, yet does not transport the patient, the paramedic will give a complete radio report to the acting supervisor/ system status controller, 100 % of the time.

### III. PROCEDURE:

Patient care reports will be audited using the electronic reporting system to identify calls where the above listed indicators were not in compliance with listed thresholds. Calls out of compliance will be automatically routed to the Medical Director and IQM manager for IQM review.