

# LEON COUNTY E.M.S.

## Standard Operating Guideline

---

Title: Clinical Standards – Performance Indicator and Threshold Exceptions

CAAS: 201.06.02

Effective: June 10, 2012

Reviewed: December 2012

Revision: 1

Pages: 2

---

### 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. If exceptions are found as a trend or individually, they will be addressed by the IQM Manager or the Medical Director, so as to bring them to compliance.

### II. GUIDELINE:

Clinical Indicators and Thresholds will be monitored and tracked by the IQM Manager or his/her designee. A bi-annual summary of findings in the following areas will be analyzed;

- A. Documentation
- B. Chest Compressions
- C. Cardiac Interventions
- D. Neurologic Interventions
- E. Intravenous Access
- F. Airway Management
- G. Motor Vehicle Crashes
- H. Trauma Alert
- I. Critical Care Transport

In instances where thresholds are found out of compliance, as a trend, the IQM Manager and/or Medical Director shall be notified via email. At that time the indicator threshold will be examined by the IQM Manager or his/her designee for currency and validity. If the threshold is found to be appropriate and current, the IQM Manager or Medical Director may assign continuing medical education or adjust policies and/or protocol accordingly.

In instances where thresholds are found out of compliance, in individual instances, the IQM Manager's designee noting the exception shall investigate the occurrence, and notify the IQM Manager and/or Medical Director of findings via email or through a HealthEMS QA message, including incident number, crew members, date and time, and a brief summary of the incident. Continuing medical education will be assigned to any staff involved in the incident at the discretion of the IQM Manager and/or Medical Director.

III. PROCEDURE:

Patient care reports will be audited using the electronic reporting system. Reports will be audited by designees of the IQM Manager. The assigned designee will track Key Performance Indicators and will provide a summary to the IQM Manager bi-annually. In addition, the IQM Manager or his/her designee will audit patient care reports for accurate patient assessments, adherence to medical protocols, success of skills, and outcome, and provide a bi-annual summary for IQM review.