



People You Know.
Extraordinary Care.

POLICY:	500.20 EMS QUALITY CONTROL COMMUNICATION REPORT		
APPROVAL:	VICE PRESIDENT OF PROFESSIONAL SERVICES; MANAGER OF EMS;		
EFFECTIVE DATE: 2/16/2024			ORIGINAL EFFECTIVE DATE: 08/16
DEPARTMENT SPECIFIC		EMERGENCY MEDICAL SERVICES	

I. Purpose:

To serve as a tool to improve the quality of patient care and the functioning of the Morris Hospital Emergency Medical Services (EMS) System. To facilitate expedient resolutions to issues raised within the System and provide feedback to all involved participants. To facilitate communication between EMS System participants.

II. Policy:

- A. Morris Hospital EMS System pre-hospital providers or hospitals can initiate an EMS Quality Communication Report (EMSQCR) when any of the following occur:
 1. When unusual circumstances are verbalized or documented on the Patient Care Report or hospital log sheet or telemetry recording.
 2. When there is an apparent discrepancy in pre-hospital treatment delivery and Medical Control orders, which may or may not constitute a violation of Standing Medical Orders.
 3. When Medical Control orders are not carried out by pre-hospital providers.
 4. There is interference at the scene, which hampers the pre-hospital providers in the performance of their duties.
 5. There is any patient or provider injury sustained at the scene, during the course of treatment, or during transport.
 6. There is a question or problem relating to errors in medication administration, missing medications or difficulties encountered in obtaining exchange medications or equipment at an Associate Hospital or Resource Hospital.
 7. Any other action or event that seems out of the ordinary, and that the personnel involved believe should be reported.
 8. Any equipment malfunctions.

III. Procedure:

- A. The Associate Hospital (AH) or Resource Hospital (RH) EMS Manager receives an EMS Quality Communication Report or receives information regarding a quality control issues.
- B. The following EMS Quality Control Communication Reports will be forwarded to the RH for investigation/resolution:
 1. All EMSQCRs that directly involve the AH EMS Coordinator or EMS Medical Director.
 2. When care rendered by a pre-hospital provider may have resulted in or contributed to a poor patient outcome.
 3. Any EMSQCR alleging the pre-hospital provider to be impaired by drugs or alcohol.
 4. Any EMSQCR in which, after investigation, any involved party is unsatisfied with the resolution/decision by the AH EMS staff.
 5. Any EMSQCR that involves concerns between two or more AHs related to EMS issues.

