Central California EMS Agency Continuous Quality Improvement Bullet Points:

January 2005

Documentation Issue:

- EMS Personnel need to review their documentation on the “Patient Care Report” before submitting to receiving facilities. During audits of “Patient Care Reports,” discrepancies between the times treatment was rendered and times of arrival at the receiving facility are common. For EMS Personnel that use the “Simon” pen-based computer, be sure your times are accurate and do not simply accept the default time entered. Errors like these are difficult to defend should they ever be questioned. Documentation on the “Patient Care Report” should include pertinent patient information, correct spelling, and confirmation of all times. Once you sign the “Patient Care Report,” it becomes part of the medical record and a legal document.

March 2005

- When following the Paramedic Treatment Protocols “Altered Mental Status, Possible Stroke, and Syncope” #530.18 or “Seizures” #530.19 and IV access is available, the IV route should be used for med administration. For example: if a patient seizures after you have obtained IV access, Versed should be via IV and not Intranasal or Intramuscular routes.

- Intranasal (IN) drug administration has been in use in the Central California EMS Region since March 1, 2004. Literature and clinical practice supports this practice as a rapid effective route, which lowers risks to providers (less needle sticks). In the case of Narcan administration, the IN route allows a more gradual patient response with less emesis and less agitation.

May 2005

- With recent reviews of a large number of Quality Improvement Reports, it was noted that many were authored by the involved party, reporting their own error. This willingness to admit and accept responsibility for errors is commendable and much appreciated by the EMS Agency. We applaud these efforts to seek education and improve performance, as this is the ultimate goal of Continuing Quality Improvement.