
 Rainy River District Social Services Administration Board	<b>SECTION:</b> Land Ambulance
	<b>POLICY TITLE:</b> Continuous Quality Improvement (CQI)
<b>ORIGINAL DATE:</b> July, 2006	<b>POLICY AREA:</b> Administration
<b>REVISION DATE:</b> August, 2016	<b>POLICY NO:</b> LA – 1.12
<b>NEXT REVIEW DATE:</b> September, 2019	<b>APPROVED BY:</b> 

## Policy

In order to ensure the continued provision of quality patient care delivery, the Rainy River District Social Services Administration Board (RRDSSAB) establishes a formal *Continuous Quality Improvement (CQI) Program*.

## Procedure

1. As part of the *CQI Program*, the Chief of Paramedic Services (PS) or designate, in conjunction with the appropriate Base Hospital personnel, ensures that the provision of patient care is supervised and monitored through:
  - a) *Response Time Reports*, on a monthly, quarterly & annual basis, contingent on provision of *Ambulance Response Information System (ARIS)*, *ARIS Dispatch Data Access System (ADDAS)* data from the Ministry of Health & Long-Term Care (MoHLTC) and iMedic data;
  - b) Review of any response outside designated time frames and flagged within iMEDIC, including response times, delays in service and crew reaction & clearing times;;
  - c) Annual employee *Performance Appraisals*, completed by the Deputy Chief(s), and reviewed and signed off by the Chief of PS;
  - d) *Paramedic Patient Care Evaluations* through prospective, concurrent and retrospective evaluation techniques, per *Policy L.A. - 1.9: Mandatory & Remedial Training*;

- e) *Ambulance Call Report (ACR) electronic auditing, per Policy L.A-1.2: ACR Electronic Auditing;*
- f) *Review of Base Hospital Quarterly & Annual Quality Assurance Reports;*
- g) Establishment of Committees to afford stakeholders the opportunity to participate in the decision-making process, on an as needed basis; and
- h) Reviews of any identified system or Program deficiencies.

The *CQI Program* also ensures the prompt and accurate review of:

- a) *Complaints* regarding:
  - o employee attitude;
  - o driving;
  - o patient care;
  - o delayed response in operations;
  - o billing;
  - o delay in an emergency call;
  - o delay in a transfer call;
  - o emergency medical disaster; and/or
  - o failure to follow established Emergency Department protocols or procedures.
- b) Homicides
- c) Inquests
- d) Documentation at:
  - o staff's request;
  - o Police request;
  - o ACR request from MoHLTC;
  - o ACR request from Base Hospital; and/or
  - o Central Ambulance Communications Centre (CACC) Liaison request.
- e) *Medical Releases* or *Legal Requests* from or relating to:
  - o a patient;
  - o lawyer; and/or
  - o family/Executor.

which may be regarding:

- o birth;

- *Statement of Claim;*
  - property damage; and/or
  - department accidents.
- f) Internal inquiries such as:
- complaints against allied agencies;
  - frequent users;
  - departments; and/or
  - Base Hospital.
- g) Land Ambulance Service activities, including but not limited to:
- CACC tape requests;
  - ACR requests;
  - subpoenas;
  - complaints;
  - lost articles; and
  - missing persons.