

# Rural Ambulance Service QUALITY CHECKLIST

This checklist is designed to be regularly completed after a specific measurement period determined by the ambulance service. The measurement period may be monthly, quarterly, semiannually or annually. Use the checklist to start your quality program.

**Ambulance service** \_\_\_\_\_

**Measurement period dates: from** \_\_\_\_\_ **to** \_\_\_\_\_

## 1) CONTINUOUSLY IN SERVICE

During the measurement period, the ambulance service was continuously available for service (did not go out of service because of staffing, vehicle or other issues).

Yes       No

## 2) RESPONSE RELIABILITY

During the measurement period, the ambulance service responded to all requests for service (excluding requests that came when the ambulance service was unavailable because of being on another call).

Yes       No

## 3) RESPONSE TIMES

During the measurement period, the ambulance service has recorded, tracked and met state response time requirements, including chute times (the time from first page to wheels rolling to the call) and response times to the emergency scene (the time from first page to arrival on the scene). (See ND Rules for Ground Ambulance Services 33-11-01.2-17 for specific time requirements)

Yes       No

## 4) ON-SCENE TIMES

For the measurement period, the ambulance service has recorded and reviewed all on-scenes times (the time from arrival on the scene to departure to the hospital) for appropriateness to the specific situation and deemed them to be appropriate.

Yes       No

## 5) ALS INTERCEPTS

During the measurement period, an ALS intercept was initiated for all patients with chest pain or myocardial infarction symptoms, cardiac arrests, severe respiratory distress, respiratory arrest or severe traumatic injury.

Yes       No

## 6) COMPLETENESS OF PATIENT CARE REPORTS

For the measurement period, all patient care reports have been reviewed by the ambulance service Quality Coordinator for completeness, including vital signs and accurate call times.

Yes       No

## 7) PROTOCOL COMPLIANCE

For the measurement period, all patient care reports have been reviewed by the service Quality Coordinator for appropriate care and protocol compliance.

Yes       No

## 8) MAJOR CALLS ARE REVIEWED WITH MEDICAL DIRECTOR

For the measurement period, all patient care reports that involved cardiac arrest, traumatic arrest, severe respirator distress or arrest, major trauma, and/or challenging clinical care management have been submitted to the Medical Director for review and feedback was received.

Yes       No

## 9) TRAUMA, CARDIAC AND STROKE CARE AND DESTINATIONS

For the measurement period, all patient care reports that involved major trauma, possible myocardial infarction, or possible stroke were evaluated for compliance with local policies, protocols and destinations.

Yes       No

## 10) CARDIAC ARRESTS

For the measurement period, all cardiac arrest calls were reviewed for appropriate care, response time, on-scene time and transport time.

Yes       No

**Date completed** \_\_\_\_\_

**Signature of Quality Coordinator** \_\_\_\_\_