



NUMBER	EMS 103
TITLE	Continuous Quality Improvement
CATEGORY	ADMINISTRATION
APPROVED BY	Medical Director
EFFECTIVE DATE	2026-04-01
ORIGINATION & REVISION DATES	2026-04-01

PURPOSE

To establish guidelines to promote, enhance, ensure the highest quality of patient centered EMS care through information analysis, education, and coordination utilizing the principles of continuous quality improvement.

GUIDELINE

This guideline serves as the ***Cedar County EMS System Continuous Quality Improvement Program Policy***.

Primary Site

Cedar County EMS Administration, 1410 Cedar Street, Tipton, IA 52772

GENERAL PROCEDURE

The interaction of the physician medical director, service leadership, and providers is critical for the success of this continuous quality improvement (CQI) program. All staff must understand their role, responsibilities and duties as part of the CQI team. Every team member shall receive an initial orientation to this policy and be provided with an opportunity for input and updates when amended.

The medical director is officially responsible for conducting all CQI activities identified in this guideline, but he may designate individuals to oversee various aspects of the CQI program while maintaining oversight. Such designation shall be for no more than two (2) years, though the medical director may further limit the length of the designation and may also revoke the designation at any time.

MEDICAL DIRECTOR

Cedar County has contracted with DRSE, LLC to provide medical direction for the Cedar County EMS System. DRSE, LLC has designated the following physician to serve as the designated medical director:

Daniel Kinker, DO
DRSE, LLC
75 Commercial Drive
PO Box 142
North Liberty, IA 52317

Iowa BOM License DO-05858
Expiration 2028-01-01

DEA Registration
Expiration 2027-12-31

CSA Registration
Expiration 2026-12-31

DOCUMENTATION

The service will maintain documentation of required activities outlined within this guideline.



NUMBER	EMS 103
TITLE	Continuous Quality Improvement
EFFECTIVE DATE	2026-04-01

SCOPE OF PRACTICE

Certified EMS providers will function within the current approved and published Iowa Health and Human Services, Bureau of Emergency Medical and Trauma Services “Scope of Practice” and as credentialed by the medical director. Review will be included as part of initial onboarding and the annual review of clinical operating guidelines as well as when there are any changes to the Scope of Practice.

CREDENTIALING

Clinical credentialing is the ongoing clinical determination and attestation by the service program’s medical director that the EMS provider possesses required competencies and abilities in the cognitive, affective, and psychomotor domains relevant to the practice of the service’s jurisdiction. In conjunction with certification and licensure, the credentialing process is intended to protect the public by ensuring the delivery of safe, high quality EMS medicine.

The EMS physician medical director is responsible for the credentialing of all EMS. The medical director may delegate evaluation of an EMS provider's competencies, but the EMS physician medical director must be actively involved in the EMS organization's clinical credentialing process. The service director or other designee will oversee the orientation of new staff and the initial and ongoing credentialing of all transport agency staff. For the staff of affiliated first responder teams, the respective team’s service director or designee will be responsible for this process for the team’s personnel and forward the documentation to the service director.

The EMS medical director will establish the minimum clinical competencies for credentialing. Those competencies may be more restrictive than the Scope of Practice. Different competencies may also be established for initial versus continued/ongoing credentialing.

All personnel shall be required to complete recredentialing at least every two (2) years, though the medical director may further limit the length of time credentialing is valid.

The credentialing processes will be periodically reviewed to ensure they remain adaptive to the evolving practice of EMS medicine.

PROTOCOLS

Certified EMS providers will operate according to the Cedar County EMS Clinical Operating Guidelines (COGs) approved by the medical director.

It is recognized that the EMS COGs are only guidelines and cannot address every possible scenario. Deviation from these guidelines may be necessary. Clinicians should attempt to reach an online medical control physician or advanced practice provider to discuss any needed deviations. Clear documentation of any deviations and the decision-making rationale for the deviation shall be included in the patient’s electronic health record (EHR). Good judgment and the patient’s best interest must always be considered, and all deviations shall remain within the constraints of the Scope of Practice.



NUMBER	EMS 103
TITLE	Continuous Quality Improvement
EFFECTIVE DATE	2026-04-01

In addition to documenting any deviation in the EHR, the service director or on-duty supervisor must be notified to flag the patient encounter for medical auditing. All deviations shall be reviewed by both the service director and medical director.

The COGs will be reviewed on an annual basis or more frequently if there are changes to the approved Scope of Practice or other relevant evolution in EMS medical practice. As part of the annual training program, the services will conduct an annual review of the approved COGs, including any changes. Changes to the COGs made outside the annual review schedule will be communicated through the service’s standard training channels.

PHARMACY AGREEMENT

Certified EMS providers will also function according to the Pharmacy Policy. Review will be included as part of initial onboarding and the annual review of clinical operating guidelines as well as when any changes are made to the policy.

The Pharmacy Policy will be reviewed and updated as needed by the medical director and service director and, at a minimum, as part of the service program authorization renewal process.

FIELD TRAINING OFFICERS

The service director will designate employees as Field Training Officers (FTO) to assist with the onboarding and ongoing training of field staff. FTOs will be employees who have demonstrated excellence in patient care, policy and guideline compliance, embodying the desired culture of the organization.

STAFF ONBOARDING

In addition to the standard new hire orientation required of all Cedar County employees, all new field staff must complete an EMS-specific onboarding process that incorporates the medical director credentialing process, evaluation of baseline medical competencies, and review of all policies and guidelines. Completion of all components will be documented.

For any staff hired under the RN, PA, or MD/DO equivalency process, the onboarding process must also document training equivalency to the approved level.

SKILLS MAINTENANCE

The service director or their designee will keep records of provider’s skill performance in the field as documented in EHR records. Should poor performance be noted or lack of performance of a skill over the frequency period designated for a given skill be noted, a training session to review and practice the skill will be scheduled.

In addition to general skills performance monitoring, the skills designated below as High Acuity/Low Occurrence (HALO) by the medical director will be reviewed and practiced on the following basis:



NUMBER	EMS 103
TITLE	Continuous Quality Improvement
EFFECTIVE DATE	2026-04-01

HALO Skill	Provider Level	Frequency
High Performance CPR	All	Quarterly
Supraglottic Airway Insertion	EMR & EMT	Semi-Annually
Endotracheal Intubation	PM & CCP	Annually
Needle Thoracostomy	PM & CCP	Annually
Needle Cricothyrotomy	PM & CCP	Annually
Surgical Cricothyrotomy	CCP	Annually
Ventilator Management	AEMT, PM & CCP	Annually

CONTINUING EDUCATION

To remain an active member of a Cedar County EMS System service, each provider shall maintain a minimum of the following continuing education:

- Continuing education hours (CEH) and required topics necessary to maintain Iowa EMS licensure
- Current certification in healthcare provider level CPR
- Current training and/or certification in emergency vehicle operations and communications
- Other system- or agency-assigned training
- Skills maintenance as above
- Other specialty training as required by position job description

The above is in addition to any general, employer-required annual training (i.e., HIPAA, safety, etc.).

Providers utilizing an RN, PA, or MD/DO equivalency must maintain both current licensure in their primary field and the continuing education requirements above to the level of their equivalency.

CLINICAL AUDITS

At least monthly, the medical director and/or CQI designees will complete written clinical audits on the following:

- At least a random 10% of ambulance patient encounters
- A random 1-2 patient encounters by each affiliated first response service
- Any encounter flagged for review by the crew or a supervisor
- Any reported deviation from the COGs or standard of care, including medication errors
- Advanced airway management
- Cardiac arrests
- Pediatrics
- Sedation
- Sepsis
- Stroke



NUMBER	EMS 103
TITLE	Continuous Quality Improvement
EFFECTIVE DATE	2026-04-01

In addition to the above clinical audit triggers, response to the following should also include a clinical audit component:

- Complaints or grievances filed by the patient or their family
- Complaints or grievances from others directly involved in the response or the care of the patient
- Incidents that are injurious or potentially injurious to patients
- Delays in response or treatment
- Vehicle or equipment failure on a response
- Other system issues impacting a response

The medical director and the service director shall utilize a written action plan, as needed, to address personnel, vehicle, equipment and system challenges and monitor the situation until the targeted improvement has been achieved. At a minimum, an action plan must be created for the following:

- Significant deviation from the COGs or standard of care
- Delays in response or treatment
- Vehicle or equipment failure on a response
- Other system issues impacting a response

CONFIDENTIALITY

All data, reports, and findings generated through the CQI process are considered confidential agency work product. Findings shall be discussed only with current staff, administration, and authorized stakeholders involved in the specific quality improvement project.

VEHICLE, EQUIPMENT, AND SUPPLIES

All personnel should follow established guidelines for vehicle, equipment, and supply maintenance. Unless otherwise specified, vehicle and equipment checks must be completed at least monthly, including affiliated first response services.

MEASUREABLE OUTCOMES

The medical director and service director shall establish measurable outcomes consistent with the agency's mission statement, strategic planning priorities, and other unique needs to the local EMS system to appraise the overall effectiveness and efficiency of the system.

The service director and staff will review all EMS calls for service, and any areas of concern will be referred to the medical director for review. Areas reviewed may include:

- Dispatch to enroute time (chute time)
- Dispatch to on scene time (total response time)
- On scene times for medical and trauma responses



NUMBER	EMS 103
TITLE	Continuous Quality Improvement
EFFECTIVE DATE	2026-04-01

- Transport times
- Compliance with COGs
- Destination decision compliance

A monthly report will be generated and shared with the medical director and all staff, including, at a minimum:

- Responses by station
- Number of patient contacts
- Encounter dispositions
- Transport mode
- Mutual aid received and given

An annual report will be generated and shared with the Board of Supervisors, medical director, and all staff, including, at a minimum:

- Responses by station
- Response time metrics
- Incident locations
- Mutual aid received and given
- Number of patient contacts
- Provider impressions
- Summary of treatments provided
- Encounter dispositions
- Transport mode
- Transport destinations
- Responses by affiliated first response agencies





NUMBER	EMS 103
TITLE	Continuous Quality Improvement
EFFECTIVE DATE	2026-04-01

APPROVAL & AFFIRMATION

The signatures within this document indicate approval of the policies and procedures and commitment to perform the assigned duties as described within the agreement.

Policy Approval

Position	Printed Name	Signature	Date
Medical Director	Daniel Kinker, DO	 <u>Daniel Kinker (Mar 31, 2026 07:41:31 CDT)</u>	2026-03-31
Service Director	James Dinsch, NRP	 <u>James Dinsch (Mar 31, 2026 10:51:39 CDT)</u>	2026-03-31



NUMBER	EMS 103
TITLE	Continuous Quality Improvement
EFFECTIVE DATE	2026-04-01

APPENDIX A: DESIGNEE APPOINTMENT

As Cedar County EMS medical director, I appoint _____ as an official CQI designee.

Position	Printed Name	Signature	Date
Medical Director	Daniel Kinker, DO		
Service Director	James Dinsch, NRP		

I acknowledge that I am appointed, by the medical director, as an official CQI designee. I understand my duties and will implement and maintain the CQI program as outlined in the current Continuous Quality Improvement guideline.

Printed Name	Signature	Date