

# PROVIDER/HOSPITAL QUALITY IMPROVEMENT

## SITE EVALUATION TOOL

The provider/hospital will show evidence of the following:	P	P w/R	F	N/A
1. Mission statement that is consistent with North Coast EMS' mission.	_____	_____	_____	_____
2. Guidelines to protect confidentiality of patients and staff.	_____	_____	_____	_____
3. Competency-based hiring procedure.	_____	_____	_____	_____
4. Skills evaluation of new staff.	_____	_____	_____	_____
5. Policies and procedures consistent with North Coast EMS policy.	_____	_____	_____	_____
a. Evidence that P&P are followed consistently.	_____	_____	_____	_____
6. Provision for field training.	_____	_____	_____	_____
7. Provision for on-going training.	_____	_____	_____	_____
8. Remediation procedures consistent with CQI principles and North Coast EMS policy.	_____	_____	_____	_____
9. Performance evaluations for all employees.				
a. competency based	_____	_____	_____	_____
b. peer review component	_____	_____	_____	_____
c. prehospital specific	_____	_____	_____	_____
10. Evaluation of customer satisfaction.	_____	_____	_____	_____
11. Collaboration between the provider and base hospital(s) in the following:				
a. record/run evaluation	_____	_____	_____	_____
b. training	_____	_____	_____	_____
c. system evaluation/problem solving	_____	_____	_____	_____
d. evaluation of unusual events	_____	_____	_____	_____
12. Mechanism for reporting/evaluating unusual events.	_____	_____	_____	_____
13. Evaluation of computer system data for:				
a. system trends	_____	_____	_____	_____
b. individual performance	_____	_____	_____	_____
c. training needs	_____	_____	_____	_____
14. Evaluation of patient outcomes.	_____	_____	_____	_____
15. Annual Report of Quality Improvement done in conjunction with base hospital/provider.	_____	_____	_____	_____

**P** = Passed; **P w/R** = Passed with Recommendations; **F** = Failed; **N/A** = Not Applicable