

Initial: 9/24/03
Reviewed/revised: 1/1/11
Revision: 2

**MILWAUKEE COUNTY EMS
OPERATIONAL POLICY
BENCHMARKS**

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POLICY: Biennial benchmarks have been defined and established to assure that each provider has the opportunity to adequately perform and maintain proficiency in their skills. Benchmarks will be used to assist the EMS Medical Director in evaluating the performance and expertise of the system providers.

Benchmark tracking will begin at the time of licensure and will cover a specific 2-year period.

Benchmark reports will be generated semi-annually and distributed to each active provider. This will enable providers to self-monitor the status of their benchmarks.

Benchmarks will be collected internally from the EMS database. The Medical Director will also accept validated documentation of outside benchmarks on a case-by-case basis.

Any active full- or limited-practice provider not meeting the biennial benchmarks will be required to demonstrate competency in the skills where they fall short of their benchmarks to maintain practice privileges. Special Reserve paramedics are strongly encouraged to maintain their benchmarks.

Questions regarding the accuracy of a provider's benchmarks should be forwarded to the Quality Manager for review.

Criteria definition and requirements:

Event	Definition	24 Month Benchmark	
		Paramedic	IV-Tech
Patient contact	Each provider on scene is credited with one patient contact.	320	180
Team leader / Report writer	Acquires the patient's history, documents and directs overall scene care.	70	24
Endotracheal intubation	Successful placement, oral or nasal route	2	0
Intravenous start	Successful placement, peripheral or external jugular location	36	36
Medication administrations	By any route: IV, IO, IM, IN, ET, oral, aerosol, rectal	70	31
12-lead ECG	Successful acquisition, interpretation, and transmission of a 12-lead ECG to the MC EMS Communications Center	32	0

IV= Intravenous; IO= Intraosseous; IM = Intramuscular; IN = Intranasal; ET= Endotracheal; ECG = Electrocardiogram