SAN JOAQUIN COUNTY
EMERGENCY MEDICAL SERVICES AGENCY

TITLE: **CONTINUOUS QUALITY IMPROVEMENT COMMITTEE ~~COUNCIL~~** EMS Policy No. 6630

PURPOSE: ~~The purpose of this policy is to describe the roles and responsibilities of all San Joaquin County EMS System participants in the provision of the Continuous Quality Improvement (CQI) meetings.~~ The purpose of this policy is to identify the primary responsibilities of all participants in the San Joaquin County EMS Continuous Quality Improvement (CQI) Committee and to ensure optimal quality of care for all patients who access the EMS system.

AUTHORITY: ~~Health and Safety Code, Division 2.5, Section 1797.220, Title 22, Division 9 and Section 1157.7 of Evidence Code.~~ Health and Safety Code, Division 2.5, Section 1797.220, 1797.188, Title 22, Division 9, Chapter 10, and Section 1157.7 of Evidence Code.

~~DEFINITIONS:~~

~~A. "Continuous Quality Improvement" or "CQI" means methods of evaluation that are composed of structure, process, and outcome evaluations which focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes, and take steps to correct the process.~~

POLICY:

I. The San Joaquin County Emergency Medical Services (EMS) Agency (SJCEMSA) is responsible for the development, implementation, and monitoring of all the EMS (CQI) processes and activities.

II. The SJCEMSA CQI Committee shall ensure a system-wide approach to establish and maintain quality patient care and clinical education throughout the EMS system.

III. All proceedings of the CQI Committee are confidential and protected under Section 1157.7 of Evidence Code: "The prohibition relating to discovery or testimony provided in Section 1157 shall be applicable to proceedings and records of any committee established by a local governmental agency to monitor, evaluate, and report on the necessity, quality, and level of specialty health services, including, but not limited to trauma care services, provided by a general acute care hospital which has been designated or recognized by that governmental agency as qualified to render specialty health care services."

Approved:

Medical Director

EMS Administrator

PRODECURE:

I. The oversight for the CQI Committee will be the responsibility of SJCEMSA Medical Director, who will solicit input from stakeholders participating in the committee.

II. The CQI Committee shall consist of the following:

A. SJCEMSA Medical Director
B. SJCEMSA Agency Director
C. SJCEMSA Pre-Hospital Care Coordinator (Chairperson)
D. SJCEMSA Office Technician Coordinator (Secretary)
E. SJCEMSA EMS Coordinator
F. SJCEMSA Specialty Care Coordinator
G. Base Hospital Liaison
H. One paramedic or RN leadership representative from each of the Emergency Ambulance Exclusive Operating Areas and emergency ambulance subcontractors operating in San Joaquin County.
I. ~~,~~One paramedic or RN leadership representative from each ALS first responder agencies~~,~~
J. One paramedic or RN leadership representative from each ALS non-emergency ambulance provider permitted to operate in San Joaquin County.
K. One paramedic or RN leadership representative from an authorized EMS air provider operating in San Joaquin County.

III. CQI Committee responsibilities include:

A. Review, monitor, and report data from EMS System.

B. Select quality indicators, items for review and monitoring, create action plans, and monitor performance.

C. After review by SJCEMSA, it serves as a forum to discuss issues/concerns brought to the attention of the SJCEMSA by internal and external customers.

D. Propose, review, and participate in EMS research.

E. Promote CQI training throughout the EMS System.

Approved:

Medical Director

EMS Administrator

F. Policy/Protocol Review – Selected policies reviewed with pre notification sent out to allow participant feedback. Initial review by SJCEMSA personnel and proposed revisions discussed at CQI Committee.

G. Provide recommendations for EMS personnel training.

H. Review individual performance and recommend improvement plans.

IV. Confidentiality

A. All participants shall agree to respect and maintain the confidentiality of all discussions, case reviews, and other records and information connected with the CQI Committee meetings.
B. All members of the CQI Committee are required to annually complete an "Acknowledgement of CQI Program Confidentiality" form to be kept on file at the SJCEMSA office.
C. The EMS Medical Director or SJCEMSA designee may authorize the attendance of guest(s) during regular or ad hoc meetings of the CQI Committee.
D. Guests are required to sign a confidentiality agreement prior to the meeting starting and are required to abide by the guidelines set forth in this policy.

V. A subcommittee or working groups may be formed as deemed necessary by the CQI Committee. They are subject to the authority and direction of the CQI Committee and report backs will be given at regular committee meetings.

A. Subcommittees shall be chaired by the EMS Pre-Hospital Care Coordinator or agency designee.
B. Working groups may be led by an assigned member of the CQI Committee.
C. Subcommittee and working group participants shall abide by the guidelines set forth in this policy.
D. Any recommendations by a subcommittee or working group requires the approval of the CQI Committee and/or SJCEMSA.

VI. The EMS Pre-Hospital Care Coordinator or SJCEMSA designee shall provide CQI Committee reports to the EMS Advisory Committee.

Approved:

Medical Director

EMS Administrator

~~POLICY:~~

~~I. The San Joaquin County Emergency Medical Services (EMS) Agency is responsible for the oversight and supervision of the EMS CQI process and communicating with all involved participants.~~

~~A. EMS Agency CQI Coordinator responsibilities include:~~

~~1. Implement, monitor and evaluate the CQI System, including CQI requirements as described EMS Policy No. 6620, Continuing Quality Improvement Process.~~

~~2. Assist the EMS Medical Director in providing oversight of the CQI Council.~~

~~3. Provide regular CQI reports to EMS Liaison Council, EMSCC, CQI Council and EMS Staff meetings.~~

~~4. Review individual QI Reports and take appropriate action.~~

~~5. Provide an access point for Internal/External Customers as identified in Section III.F.~~

~~6. Monitor quality indicators via database analysis as identified.~~

~~7. Review and participate in research generated by the CQI process.~~

~~9. Forward CQI Council recommendations to EMS Quality Improvement Liaisons.~~

~~10. Manage system-wide EMS database to assure quality and completeness of databases.~~

~~B. All proceedings of the CQI Council are confidential and protected under Section 1157.7 of Evidence Code: "The prohibition relating to discovery or testimony provided in Section 1157 shall be applicable to proceedings and records of any Council established by a local governmental agency to~~

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~~monitor, evaluate, and report on the necessity, quality, and level of specialty health services including, but not limited to trauma care services, provided by a general acute care hospital which has been designated or organized by that governmental agency as qualified to render specialty health care services."~~

~~C. CQI Council responsibilities include:~~

~~1. Review/Monitor Data from EMS System (III.C).~~

~~2. Select quality indicators, items for review and monitoring, create action plans, and monitor performance (i.e., scene time, patient satisfaction, workforce satisfaction, protocol compliance, and outcome data).~~

~~3. After review by EMS Agency, serve as a forum to discuss issues/concerns brought to the attention of the EMS Agency by internal and external customers (III. F.).~~

~~4. Propose, review, and participate in EMS research.~~

~~5. Promote CQI training throughout the EMS System.~~

~~6. Policy/Protocol Review – Selected policies reviewed with pre notification sent out to allow participant feedback. Initial review by EMS Agency personnel and proposed revisions discussed at CQI Council.~~

~~7. Provide recommendations for EMS personnel training.~~

~~8. CQI Council Members~~

~~a. EMS Medical Director~~
~~b. EMS CQI/Trauma Coordinator~~
~~c. EMS Prehospital Operations Coordinator~~
~~d. Base Hospital Medical Director~~
~~e. Base Hospital Liaison Nurse~~
~~e. Receiving Hospital Liaison – (chosen by the receiving hospital nurse liaisons)~~
~~f. One representative from each of the authorized advanced life support (ALS) emergency ambulance providers and first~~

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EMS Administrator

~~response agencies operating in San Joaquin County~~

~~g. One representative from the County's designated EMS dispatch center.~~

~~9. CQI Council Ex-Officio Members~~

~~a. EMS Administrator~~
~~b. Receiving Hospital Physician Liaisons~~
~~c. Receiving Hospital Liaison Nurse~~

~~10. CQI Council Guests~~

~~The EMS Medical Director or CQI Coordinator may approve the attendance of guests during regular or ad hoc meetings of the CQI Council.~~

~~C. Data/System Review:~~

~~Various databases currently exist which contain data relevant to Continuous Quality Improvement (CQI) in EMS (see list below). These databases must be searched to:~~

~~1. Prospectively identify areas of potential improvement.~~

~~2. Answer questions about the EMS System.~~

~~3. Monitor changes once improvement plans are implemented.~~

~~4. Provide accurate information enabling data driven decisions.~~

~~5. Monitor individual performance within the EMS System.~~

~~6. Support research that will improve our system and potentially broaden EMS knowledge through publication.~~

~~7. The involved databases include:~~

~~a. Dispatch Databases~~
~~b. EMS Data Pro~~
~~c. PCR Databases~~

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Medical Director EMS Administrator

~~d. Hospital Databases~~
~~e. QI Databases~~
~~f. Trauma Registry~~
~~g. County Coroner's Reports~~

~~D. Individual Quality Improvement Reports~~

~~Individual quality improvement reports are generated by anyone in the EMS System and are reviewed at the Base Hospital Physician level as well as by the EMS Agency.~~

~~E. EMS Research~~

~~Any parties interested in EMS research may participate. Leadership is expected from EMS Medical Directors and Senior EMS Personnel with EMS Division Manager and Medical Control Council approval.~~

~~F. Internal/External Customers~~

~~Various entities interact with the EMS System. In order to allow input from these sources, the CQI process may be accessed via the EMS Agency who will determine if the issue raised will be put on the CQI Council Agenda.~~

~~1. Internal Customers~~
~~Paramedics/EMT-IIs/EMT-Is/First Responders~~
~~MICNs/Flight Nurses~~
~~Dispatch Personnel~~
~~EMS Students and Interns~~
~~Ambulance Providers~~
~~EMS Councils~~
~~Hospitals~~
~~State/Regional EMS Personnel~~
~~Base Hospital Physicians~~

~~2. External Customers~~
~~Patients~~
~~Families of patients~~
~~Community/Public~~
~~Third Party Payors (Insurance Companies, HMOs)~~
~~Government Agencies (e.g. Public Health)~~

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~~Nursing Homes~~
~~Private Physicians~~