

SAN JOAQUIN COUNTY
EMERGENCY MEDICAL SERVICES AGENCY



TITLE: CONTINUOUS QUALITY IMPROVEMENT PROGRAM

EMS Policy No. **6620**

PURPOSE:

The purpose of this policy is to establish a system wide Continuous Quality Improvement Program (CQIP) to promote, enhance, and ensure the quality of prehospital emergency medical care in San Joaquin County.

AUTHORITY:

Health and Safety Code, Division 2.5, Section 1797.220; California Code of Regulations, Title 22, Division 9, Chapter 10

DEFINITIONS: See EMS Policy No. 1100, POLICY DEFINITIONS.

POLICY:

- I. The San Joaquin County Emergency Medical Services Agency (SJCEMSA) is responsible for the development, implementation, and monitoring of all the EMS CQIP processes and activities. SJCEMSA will facilitate an EMS system-wide CQIP to monitor, review, evaluate, and improve the delivery of prehospital services and specialty systems of care.
- II. SJCEMSA will foster a systemwide approach to Continuous Quality Improvement (CQI) emphasizing accountability and fairness when addressing mistakes, misconduct, or failures. This includes learning from mistakes rather than assigning blame, fostering an environment where individuals feel safe to report errors and contribute to the quality improvement process.
 - a. **Shared accountability.** Both individuals and organizations or agencies share responsibility for safety and outcomes.
 - b. **Learning environment.** Encourage self-reporting of errors or mistakes.
 - c. **Distinction between errors and misconduct.** While honest mistakes are seen as learning opportunities, willful misconduct or gross negligence may still warrant corrective action.
- III. SJCEMSA CQIP shall be compliant with the California Code of Regulations, Title 22, Division 9, Chapter 10, and include indicators such as but not limited to:
 - a. Personnel,
 - b. Equipment and supplies,
 - c. Documentation,
 - d. Clinical Care and patient outcomes,
 - e. Skills Maintenance / Competency,
 - f. Transportation / Facilities,
 - g. Public Education and Prevention,

Effective: March 1, 2026

Supersedes: May 1, 2006

Approved:

Katherine Shafer, MD
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Medical Director

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EMS Administrator

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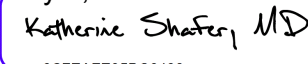
- h. Risk Management.
- IV. CQIP includes all San Joaquin County EMS provider agencies and stakeholders participating in patient care and delivery of prehospital emergency and special systems of care services.
- EMS Service Providers shall develop and implement their own written CQI programs in accordance with Title 22, Division 9, Chapter 10 and submit annual updates by January 30 of each year after the date of approval from SJCEMSA.
 - Base Hospital(s) shall develop and implement their own CQI program in accordance with Title 22, Division 9, Chapter 10 and must be approved by SJCEMSA. Base Hospital shall update SJCEMSA annually on their CQI programs.
 - The Designated Emergency Ambulance Dispatch Center and EMS Call Processing Center(s) shall develop and implement their own CQI/EMDQ program and submit to SJCEMSA for review and approval.
- V. SJCEMSA shall facilitate a CQI Committee as outlined in EMS Policy 6630, Continuous Quality Improvement Committee.
- VI. SJCEMSA shall maintain a "Unusual Occurrence" program and reporting system as outlined in EMS Policy 6102, EMS Unusual Occurrence Reporting Process.

PROCEDURE:

- QI indicators shall be reviewed at the EMS Service Provider level monthly and quarterly, and a report of findings shall be made to SJCEMSA at established intervals.
- Aggregate data for the EMS System will be collected and maintained by SJCEMSA. The data will be reviewed bimonthly in the CQI Committee, reported regularly to the EMS Advisory Committee.
- The CQI Committee shall ensure a system-wide approach to establishing and maintaining quality patient care and clinical education throughout the EMS system.
- Each EMS Service Provider shall provide an annual report on QI activities as identified by the CQI Committee to SJCEMSA.
- SJCEMSA shall provide an annual report on CQI activities to EMSA. This information may be incorporated as part of the SJCEMSA Annual Report.

Effective: March 1, 2026

Supersedes: May 1, 2006

Approved: 
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Medical Director

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