



TITLE: STEMI QUALITY IMPROVEMENT COMMITTEE (STEMI QIC) EMS Policy No. 6640

PURPOSE:

The purpose of this policy is to establish membership, role, responsibilities, process, and structure of the STEMI Quality Improvement Committee (STEMI QIC).

AUTHORITY:

Health and Safety Code, Division 2.5, Section 1797.220, 1798, 1798.170, and 1798.172. Evidence Code Section 1040. California Code of Regulations, Title 22, Division 9, Chapter 7.1.

POLICY:

I. The STEMI Quality Improvement Committee (STEMI QIC) is an EMS System level multi-disciplinary peer committee established to monitor, review, evaluate, and improve the provision of care to STEMI patients in the EMS System and advise the EMS Medical Director on STEMI related education, training, quality improvement, and data collection.

II. STEMI QIC Roles and Responsibilities:

- A. Monitor the delivery of STEMI services, analyze STEMI data to identify opportunities for improving STEMI care, and offer advice to the EMS Medical Director on the design of the STEMI system.
- B. Conduct mortality and morbidity review of STEMI-related deaths, major complications, and transfers.
- C. Review others cases identified through the Continuous Quality Improvement Council (CQI) process that may involve prehospital care, system design, or an exceptional educational or scientific benefit.
- D. For each case reviewed by STEMI QIC, provide a finding of the appropriateness of care rendered and when applicable make recommendations for improving care.
- E. Present and review STEMI center specific issues with the goal of improving processes.

III. STEMI QIC Membership:

- A. The STEMI QIC membership shall be comprised of fifteen (15) designated members, properly affiliated, with one (1) member representing each of the following:

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Approved: Signature on file
Medical Director

Signature on file
EMS Administrator



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1. EMS Administrator - permanent member.
2. EMS Medical Director – permanent member.
3. A STEMI program medical director from SJCEMSA designated SRCs;
 - a. Dameron Hospital Association.
 - b. St. Joseph’s Medical Center.
4. An emergency medical physician from each SJCEMSA designated SRC;
 - a. Dameron Hospital Association.
 - b. St. Joseph’s Medical Center.
5. SJCEMSA Trauma Coordinator / Critical Care Coordinator.
6. STEMI Program Nurse Director from each SJCEMSA designated SRC;
 - a. Dameron Hospital Association.
 - b. St. Joseph’s Medical Center.
7. A representative from each of the authorized advanced life support (ALS) emergency ambulance transport providers;
 - a. American Medical Response.
 - b. Manteca District Ambulance.
 - c. Ripon Consolidated Fire Protection District.
 - d. Escalon Community Ambulance.
8. A Base Hospital Liaison Nurse.
9. A representative from non-transport ALS providers.

IV. STEMI QIC Term Limits and Filling Vacancies:

- A. There are no term limits to membership.
- B. Affiliated organizations with membership represented in the STEMI QIC shall ensure that the SJCEMSA is notified of resigning members and their respective replacements.

V. The EMS Medical Director or SJCEMSA Trauma Coordinator / Critical Care Coordinator may approve the attendance of guests during regular or ad hoc meetings of the STEMI QIC.

VI. STEMI QIC Schedule and Attendance:

- A. STEMI QIC shall meet no less than biannually on a schedule to be determined by majority of STEMI QIC members.
- B. Members shall notify the SJCEMSA in advance of any meeting they will

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- be unable to attend.
 - C. Members serve with the approval of the EMS Medical Director and may be removed from the STEMI QIC for absenteeism or other misconduct.
 - D. The EMS Medical Director or designee will serve as the chairperson for each meeting.
- VII. Confidentiality:
- A. All proceedings, documents, and discussions of the STEMI QIC are confidential and are covered under Sections 1040 and 1157.7 of the California State Evidence Code. The prohibition relating to discovery of testimony provided to the STEMI QIC shall be applicable to all proceedings and records of this Committee, which is one established by a local government agency to monitor, evaluate, and report on the necessity, quality, and level of specialty health services, including but not limited to, STEMI care services.

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