

PURPOSE:

The purpose of this policy is to establish a system wide Continuous Quality Improvement (CQI) Program 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 12.

POLICY: In compliance with state regulations, the San Joaquin County EMS Agency and all system participants shall implement a Continuous Quality Improvement (CQI) Program and shall participate in system-wide CQI activities.

- I. The EMS Agency will establish and facilitate a system-wide Continuous Quality Improvement Program to monitor, review, evaluate, and improve the delivery of prehospital care services. The program will involve all system participants and will include, but not be limited by the following activities:
 - A. Prospective: designed to prevent prospective problems. The EMS Agency strives to provide training and policy guidance to prevent potential problems with prehospital care delivery.
 - B. Concurrent: designed to identify problems or potential problems during patient care. San Joaquin County EMS Agency considers direct medical oversight to be an important element of the CQI process.
 - C. Retrospective: The EMS Agency utilizes retrospective review to identify potential or known problems and prevent their reoccurrence.
 - D. Reporting/Feedback: all CQI activities will be reported to the EMS Agency. Because of CQI activities, changes in system design may be made.

- II. Each Provider Agency will submit a written Quality Improvement Plan to the EMS Agency for approval.
 - A. Each written plan shall include , at a minimum, the following components:
 1. Statement of CQI program goals and objectives.
 2. A description of how CQI is integrated into the organization.
 3. Description of how the CQI program is aligned with the San Joaquin County EMS system CQI plan.
 4. Description of the process or methodology used in conducting CQI activities including how CQI activities are documented and reported to the EMS agency.
 5. Identification of important aspects of service delivery and

Effective: **May 1, 2006**

Page 1 of 9

Revised:

Supersedes:

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Signature on File
EMS Administrator

- performance standards/indicators related to those identified focus areas.
6. A description of how the provider will collect, analyze, and report data related to identified performance indicators.
 7. A summary of how opportunities for improvement are identified including threshold evaluation.
 8. Process utilized for improving practices based upon CQI activities.
 9. CQI committee participation and reporting structure.
- III. Each Provider Agency will conduct an annual review of the CQI program and submit any changes to the EMS Agency for approval.
- IV. The EMS Agency will evaluate the implementation of each Provider's CQI plan biannually and request revisions as needed.
- V. Quality Improvement Responsibilities – General Guidelines
- A. EMS Agency Responsibilities**
1. Prospective
 - a. Comply with all pertinent of Federal, State and County rules, regulations, laws and codes that are applicable to EMS agency.
 - b. Certify and/or authorize first responders, EMT-Is, EMT-IIs, paramedic, and MICNs to practice in San Joaquin County.
 - c. Coordinate prehospital quality improvement committees.
 - d. Develop and assist CQI program participants in the development of performance standards and indicators.
 - e. Implement basic, limited advanced life support, and advanced life support systems.
 - f. Approve and monitor prehospital training programs.
 - g. Certify/authorize prehospital personnel.
 - h. Establish policies and procedures to assure medical control, which may include dispatch, basic life support, advanced life support, patient destination, patient care guidelines and quality improvement requirements.
 - i. Facilitate system wide compliance and implementation of required quality improvement plans.
 2. Concurrent
 - a. Serve as a resource for CQI program participants.
 - b. Conduct analysis of data received from system participants.

Effective: **May 1, 2006**

Page 2 of 9

Revised:

Supersedes:

Approved: Signature on File
Medical Director

Signature on File
EMS Administrator

- c. Conduct site visits to monitor and evaluate system components.
 - d. Participate in direct medical oversight activities including direct field observation.
 - e. Communicate CQI activities and findings to system participants.
 - f. Provide on call availability for unusual occurrences, including, but not limited to:
 - i. Multicasualty Incidents (MCI)
 - ii. Ambulance Diversion
 - iii. "Parking" of ambulance patients in receiving hospitals.
3. Retrospective
- a. Evaluate the process developed by system participants for retrospective analysis of prehospital care.
 - b. Evaluate identified trends in the quality of prehospital care delivered in the system.
 - c. Monitor and evaluate the unusual occurrence review process.
 - d. Take appropriate action with first responder, BLS providers, ALS providers, receiving hospitals, base hospitals and medical dispatch centers that do not meet established thresholds for service quality.
4. Reporting/Feedback
- a. Evaluate submitted reports from system participants and make changes in system design as necessary.
 - b. Provide feedback to system participants when applicable or when requested on Quality Improvement issues.
 - c. Design prehospital research and efficacy studies regarding prehospital care including but not limited to medication administration, treatment and interventions, equipment, prehospital personnel skill performance, and patient care outcomes.
 - d. Update policies and procedures to reflect best practices in prehospital care based upon reliable, current research based evidence.
 - e. Recognize and reinforce exemplary performance by prehospital care providers.

B. Dispatch Responsibilities

Effective: **May 1, 2006**

Page 3 of 9

Revised:

Supersedes:

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Medical Director

Signature on File
EMS Administrator

1. Prospective
 - a. Participate on quality improvement committees as specified by the EMS Agency
 - b. Provide education for dispatch personnel to include:
 - i. Orientation to EMS system
 - ii. Continuing education activities to further the knowledge of the dispatcher including tape review, discussion of specific calls, and educational programs based upon trend analysis.
 - iii. Establish procedures for updating personnel when there are system changes.
 - c. Develop criteria for evaluation of individual Emergency Medical Dispatchers (EMD).
 - d. Ensure that all EMD personnel acquire initial certification and maintain recertification.
2. Concurrent
 - a. Establish procedures for evaluating EMD performance through direct observation/supervision.
3. Retrospective
 - a. Develop a process for retrospective analysis of dispatched calls, utilizing audio tape and dispatcher report forms.
 - b. Develop performance standards for evaluating the quality of services provided by EMD personnel utilizing retrospective analysis.
 - c. Comply with reporting and other quality improvements requirements as specified by the EMS agency.
 - d. Participate in prehospital research and efficacy studies as requested by the EMS Agency and/or the Quality Improvement Committee.
4. Reporting/Feedback
 - a. Develop a process for identifying trends in quality of dispatch services and report findings to the EMS Agency as requested.

C. BLS Provider Responsibilities

1. Prospective
 - a. Participation on CQI committees as requested by the EMS Agency.
 - b. Education
 - i. Provide employee orientation to the EMS System.
 - ii. Provide employee orientation to the provider agency.

Effective: **May 1, 2006**

Page 4 of 9

Revised:

Supersedes:

Approved: Signature on File
Medical Director

Signature on File
EMS Administrator

- iii. Participation in continuing education opportunities.
- c. Performance Evaluation
 - i. Peer Review
 - ii. Initial evaluation of new employees and ongoing routine evaluation of established employee performance.
 - iii. Develop corrective actions plans for individual deficiencies
 - iv. Certification – Establish policies and procedures for initial employee certification, re-certification, and other training as required by the EMS Agency.
- 2. Concurrent
 - a. Establish a procedure for the evaluation of prehospital care employees utilizing direct observation of performance standards.
 - b. Appoint a quality improvement liaison who is available to consult with the EMS Agency as requested.
- 3. Retrospective
 - a. Develop performance standards for evaluating the quality of care provided by prehospital personnel through retrospective analysis.
 - b. Comply with reporting and other quality improvement activities as specified by the EMS Agency.
 - c. Participate in prehospital research as requested by the EMS Agency.
- 4. Reporting/Feedback
 - a. Submit reports as specified by the EMS Agency.
 - b. Develop and participate in educational programs based on problem identification and trend analysis.
 - c. Make changes to internal policies and procedures as needed based upon quality improvement activities.

D. ALS Provider Responsibilities

- 1. Prospective
 - a. Participate on CQI committees as requested by the EMS Agency.
 - b. Education
 - i. Provide EMS and provider specific orientation to new personnel.
 - ii. Ensure personnel are meeting San Joaquin County EMS training requirements.

Effective: **May 1, 2006**

Page 5 of 9

Revised:

Supersedes:

Approved: Signature on File
Medical Director

Signature on File
EMS Administrator

- iii. Conduct field care audits to identify and mitigate potential patient care issues.
- iv. Participate in continuing education courses and the ongoing training of prehospital personnel.
- v. Provide proactive educational opportunities based upon prospective CQI activities.
- c. Evaluation
 - i. Conduct initial evaluation of new employees and ongoing routine evaluation of established employee performance.
 - ii. Develop clearly defined performance standards for evaluating the quality of care delivered by prehospital care providers.
- d. Accreditation
 - i. Establish policies and procedures for initial accreditation and reaccreditation of prehospital personnel.
 - ii. Ensure employee compliance with county EMS Agency position specific certification requirements.
- 2. Concurrent
 - a. Establish a procedure for the evaluation of paramedics utilizing performance standards through direct observation/supervision.
 - b. Appoint a quality improvement liaison to carry out CQI activities.
- 3. Retrospective
 - a. Develop a process for retrospective analysis of field care, utilizing PCRs, radio tapes, or other relevant documentation. Analysis should include, but not be limited to: high risk, low volume, problem-oriented calls or those types of calls specifically requested by the EMS Agency.
 - b. Comply with reporting and other quality improvement activities as specified by the EMS Agency.
 - c. Participate in prehospital research as requested by the EMS Agency.
- 4. Reporting/Feedback
 - a. Develop a process for identifying trends in the quality of prehospital care services provided.
 - b. Submit reports as specified by the EMS Agency.
 - c. Develop and participate in educational programs based upon problem identification and trend analysis.

Effective: **May 1, 2006**

Page 6 of 9

Revised:

Supersedes:

Approved: Signature on File
Medical Director

Signature on File
EMS Administrator

- d. Make changes to internal policies and procedures as needed based upon findings from CQI activities.

E. Base Hospital Responsibilities

1. Prospective
 - a. Participate on CQI committees as specified by the EMS Agency.
 - b. Education
 - i. Participate in certification courses, field care audits, and educational opportunities to further the knowledge of prehospital and base hospital care providers.
 - ii. Offer educational programs and training to address CQI activity findings.
 - iii. Establish procedures for informing Base Hospital personnel of system changes.
 - iv. Establish criteria for offering supervised clinical experience to accredited prehospital care personnel.
 - c. Evaluation
 - i. Develop criteria for the evaluation of individual Base Hospital personnel including, but not limited to:
 - Base Hospital documentation and tape review.
 - Evaluation of new employees and ongoing routine evaluation of continued base hospital personnel.
 - Compliance with routine base hospital procedures as outlined by facility specific and county EMS Agency policies.
 - d. Authorization
 - i. Establish procedures, in compliance with San Joaquin County policies, for Mobile Intensive Care Nurse and Base Hospital Physician initial and ongoing authorization.
2. Concurrent
 - a. Provide online medical control for paramedics.
 - b. Develop procedures for identifying problem calls.
 - c. Develop internal procedures regarding base hospital physician involvement in Medical Control according to San Joaquin County EMS policy and procedures.
 - d. Develop a procedure for obtaining patient follow up on all

Effective: **May 1, 2006**

Page 7 of 9

Revised:

Supersedes:

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Signature on File
EMS Administrator

- base directed calls.
- e. Appoint a quality improvement liaison to carry out CQI activities.
- 3. Retrospective
 - a. Develop a process for retrospective analysis of field care and base direction utilizing audio-tape, PCR, and patient follow up to include, but not limited to:
 - i. High risk
 - ii. Low Volume
 - iii. Problem oriented calls
 - iv. Those calls requested to be reviewed by the EMS Agency.
 - b. Perform ALS base contact call audits.
 - c. Establish a procedure for ensuring that patient follow-up has been obtained from the receiving hospital on all patients where base contact was made.
 - d. Develop performance standards for evaluating the quality of medical direction delivered by both MICN staff and base hospital physicians through retrospective analysis.
 - e. Comply with reporting and other CQI requirements as specified by the EMS Agency.
 - f. Participate in prehospital research and efficacy studies as requested by the EMS Agency.
- 4. Reporting/Feedback
 - a. Develop a process for identifying trends in the quality of medical control delivered by the base hospital.
 - b. Submit reports as specified by the EMS Agency.
 - c. Develop and participate in educational programs based on problem identification and trend analysis.
 - d. Make approved changes to internal policies and procedures based upon performance improvement activities.

F. Trauma Care System Participant Responsibilities

- 1. To be developed

VI. Continuous Quality Improvement Committee Responsibilities

A. Purpose:

- 1. This committee coordinates and monitors the quality of prehospital care and overall prehospital quality improvement activities for San Joaquin County including, but not limited to:
 - a. Provides guidance and support for CQI activities within the

Effective: **May 1, 2006**

Page 8 of 9

Revised:

Supersedes:

Approved: Signature on File
Medical Director

Signature on File
EMS Administrator

- local EMS System.
 - b. Identifies quality improvement educational needs.
 - c. Facilitates and/or provides education.
 - B. Scheduled meetings of the CQI Committee will be held bimonthly.
 - C. Membership:
 - 1. This committee is comprised of EMS staff, EMS Medical Director, EMS representatives from all provider agencies (including First Responders, ALS, and Base Hospitals).
 - 2. The committee is chaired by the EMS Quality Improvement Coordinator or designee.
- VII. Quality Improvement Standard Compliance
- A. The following process will be followed to ensure active participation of all system participants in the County CQI program.
 - 1. The EMS QI Coordinator will notify the EMS Medical Director when a prehospital care provider is not meeting compliance standards prior to issuing a noncompliance notice.
 - 2. First notice of non-participation is sent by the EMS QI Coordinator. The provider has five business days to comply with the request.
 - 3. Second notice – Written letter to provider representative by the EMS QI Coordinator and/or Medical Director stating the deficiency and required corrective actions. The Provider Agency has five business days to respond in writing and comply with the request.
 - 4. Final Notice – Written letter to the Head of the Provider Agency by Medical Director stating intent to revoke provider status if non-compliance continues. Provider agency has five business days to respond in writing and comply with the actions needed to correct CQI deficiencies.
 - 5. If the provider agency continues to fail to meet participation requirements as outlined in this policy, the EMS Agency may revoke provider status. At this point, the provider agency will be required to comply with EMS Agency requests for CQI participation and re-apply to regain provider status.

Effective: **May 1, 2006**

Page 9 of 9

Revised:

Supersedes:

Approved: Signature on File
Medical Director

Signature on File
EMS Administrator