

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.

AUTHORITY: Health and Safety Code, Division 2.5, Section 1797.220, Title 22, Division 9 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 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.

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EMS Administrator

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 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.

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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 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.

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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
 - 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

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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)
Nursing Homes
Private Physicians

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