

PREHOSPITAL POLICY

Policy Reference No: 109
Effective Date: 3-15-07
Supersedes: 3-01-97

SUBJECT: QUALITY IMPROVEMENT PROGRAM

I. PURPOSE:

To establish a system-wide quality improvement program to evaluate the services provided in the Emergency Medical Services System.

II. AUTHORITY:

A. Health and Safety Code Sections 1797.103, 1797.107, 1797.174 and 1797.176.

B. Reference: Health and Safety Code Sections 1797.94, 1797.174, 1797.202, 1797.204, 1797.220, and 1798.

County Health Officer

Date

Executive Director, Emergency Medical Services Agency

Date

Medical Director, Emergency Medical Services Agency

Date

III. DEFINITIONS:

- A. "Emergency Medical Services System Quality Improvement Program" or EMS QI Program 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 and recognize excellence in performance and delivery of care.
- B. "EMS Service Provider" means an organization employing medical first responders, certified EMT-I, certified EMT-II or licensed paramedic personnel for the delivery of emergency medical care to the sick and injured at the scene of an emergency, during transport, or during interfacility transfer or an organization that supports these activities including but not limited to paramedic base station hospitals, public safety answering points, law enforcement agencies that provide EMS services and all levels of fire departments.

IV. POLICY/PROCEDURE:

A. EMS Service Provider Responsibilities

- 1) An EMS service provider shall:
 - a) Develop and implement, in cooperation with other EMS system participants, a provider-specific written EMS QI program, as defined in Section III A of this Policy. Such programs shall include indicators, as defined in Section III and Appendix E of the Emergency Medical Services Authority System Quality Improvement Program Model Guidelines, which address, but are not limited to, the following:
 - (1) Personnel
 - (2) Equipment and Supplies
 - (3) Documentation
 - (4) Clinical Care and Patient Outcome
 - (5) Skills Maintenance/Competency
 - (6) Transportation/Facilities
 - (7) Public Education and Prevention
 - (8) Risk Management
 - b) Review the provider-specific EMS QI Program annually for appropriateness to the operation of the EMS provider and revise as needed.
 - c) Participate in the San Luis Obispo EMS Agency EMS QI Program that may include making available mutually agreed upon relevant records for program monitoring and evaluation.

- d) Develop, in cooperation with appropriate personnel/agencies, a performance improvement action plan when the EMS QI Program identifies a need for improvement. If the area identified as needing improvement includes system clinical issues, coordination and consultation are required with the provider and the San Luis Obispo EMS Agency.
- e) Provide the San Luis Obispo EMS Agency with an annual update, from date of approval and annually thereafter, on the provider EMS QI Program. The update shall include, but not be limited to, a summary of how the EMS provider's EMS QI Program addressed the program indicators.
 - (1) The EMS provider EMS QI Program shall be in accordance with the California Emergency Medical Services Authority System Quality Improvement Program Model Guidelines (Rev. 3/04) and shall be approved by the San Luis Obispo EMS Agency. This is a model program which will develop over time and is to be tailored to the individual organization's quality improvement needs and is to be based on available resources for the EMS QI program.
 - (2) The provider EMS QI Program shall be reviewed by the San Luis Obispo EMS Agency at least every five years.

B. Paramedic Base Station Hospital Responsibilities

- 1) A paramedic base station hospital shall:
 - a) Develop and implement, in cooperation with other EMS system participants, a hospital-specific written QI program, as defined in Section III A of this policy. Such programs shall include indicators, as defined in Section III and Appendix E of the Emergency Medical Services Authority System Quality Improvement Program Model Guidelines, which address, but are not limited to, the following:
 - (1) Personnel
 - (2) Equipment and Supplies
 - (3) Documentation
 - (4) Clinical Care and Patient Outcome
 - (5) Skills Maintenance/Competency
 - (6) Transportation/Facilities
 - (7) Public Education and Prevention
 - (8) Risk Management
 - b) Review hospital-specific QI programs that incorporates EMS QI annually for appropriateness to the operation of the base station hospital and revise as needed.

- c) Participate in the San Luis Obispo EMS Agency's QI Program that may include making available mutually agreed upon relevant records for program monitoring and evaluation.
- d) Develop, in cooperation with appropriate personnel/agencies, a performance improvement action plan when the base station hospital QI Program identifies a need for improvement. If the area identified as needing improvement includes system clinical issues, coordination and consultation are required with the base station hospital medical director or his/her designee and the EMS Agency medical director or his/her designee.
- e) Provide the San Luis Obispo EMS Agency with an annual update, from date of approval and annually thereafter, on the hospital EMS QI Program. The update shall include, but not be limited to, a summary of how the base station hospital's EMS QI Program addressed the program indicators.
 - (1) The base station hospital QI Program shall be in accordance with the California Emergency Medical Services Authority System Quality Improvement Program Model Guidelines (Rev. 3/04) and shall be approved by the San Luis Obispo EMS Agency. This is a model program which will develop over time and is to be tailored to the individual organization's quality improvement needs and is to be based on available resources for the EMS QI program.
 - (2) The base station hospital QI Program shall be reviewed by the San Luis Obispo EMS Agency at least every five years.

C. San Luis Obispo EMS Agency

- 1) The San Luis Obispo EMS Agency shall:
 - a) Develop and implement, in cooperation with other EMS system participants, a system-wide written EMS QI program, as defined in Section III A of this policy. Such programs shall include indicators, as defined in Section III and Appendix E of the Emergency Medical Services Authority System Quality Improvement Program Model Guidelines, which address, but are not limited to, the following:
 - (1) Personnel
 - (2) Equipment and Supplies
 - (3) Documentation
 - (4) Clinical Care and Patient Outcome
 - (5) Skills Maintenance/Competency
 - (6) Transportation/Facilities
 - (7) Public Education and Prevention
 - (8) Risk Management

- b) Review system-wide EMS QI Program annually for appropriateness to the system and revise as needed.
- c) Develop, in cooperation with appropriate personnel/agencies, a performance improvement action plan when the EMS QI Program identifies a need for improvement. If the area identified as needing improvement includes system clinical issues, coordination and consultation are required with the San Luis Obispo EMS Agency medical director.
- d) Provide the EMS Authority with an annual update, from date of approval and annually thereafter, on the San Luis Obispo EMS Agency's EMS QI Program. The update shall include, but not be limited to, a summary of how the San Luis Obispo EMS Agency's EMS QI Program addressed the program indicators.
- e) The San Luis Obispo EMS Agency EMS QI Program shall be in accordance with the California Emergency Medical Services Authority System Quality Improvement Program Model Guidelines (Rev. 3/04) and shall be approved by the California EMS Authority. This is a model program which will develop over time and is to be tailored to the individual organization's quality improvement needs and is to be based on available resources for the EMS QI program.
- f) The San Luis Obispo EMS Agency EMS QI Program shall be reviewed by the California EMS Authority at least every five years.