

PREHOSPITAL POLICY

Policy Reference No: 110  
Effective Date: 3-15-07  
Supersedes: 3-01-97

SUBJECT: QUALITY IMPROVEMENT PROGRAM GUIDELINES

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I. PURPOSE:

The purpose of the Emergency Medical Services (EMS) Quality Improvement (QI) Program is to establish a prospective, concurrent, and retrospective mechanism to ensure the highest quality of prehospital care and medical dispatch service is delivered to the residents and visitors of San Luis Obispo County.

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.
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County Health Officer

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Date

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Executive Director, Emergency Medical Services Agency

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Date

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Medical Director, Emergency Medical Services Agency

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Date

### III. DEFINITIONS:

- A. “Evaluation” - The review and assessment of the quality and/or appropriateness of an important aspect of care for which a pre established level of performance has been reached during monitoring activities. The review is designed to identify opportunities to improve care and develop a plan of action to address the identified opportunities to improve care.
- B. “Important Aspects of Care” - The patient care activities within the EMS scope of practice that are of greatest significance to the quality and/or appropriateness of patient care, including medical dispatch services. The focus of monitoring and evaluation include activities identified as important aspects of care because of high risks to the patient (through either acts of commission or omission), and/or problem prone for patients or providers.
- C. “Indicator” - A well defined objective and measurable variable used to monitor the quality and/or appropriateness of an important aspect of care and upon which data is collected during monitoring activities.
- D. “Opportunity for Improvement” - Any and all occasions to provide useful feedback to personnel on all aspects of performance.
- E. “Statute of Limitations” - One year for each identified problem following discovery.
- F. “Threshold for Evaluation” - A pre established level of performance related to a specific indicator of quality and/or appropriateness of an important aspect of care.
- G. “Useful Feedback” - An important aspect of quality improvement, which may include but is not limited to the following:
  - 1. Recognition, reward and reinforcement for a job well done
  - 2. Case review and counseling on specific issues with focused QI review to monitor for recurrence over a specified period of time
  - 3. Didactic courses
  - 4. Supervised clinical time with a written outcome summary
  - 5. Didactic remediation with case scenario
  - 6. Topic oriented research
  - 7. Development of in-service or written paper on a specific topic with supervised review
  - 8. Patient Care Record (PCR) and/or medical dispatch record review with a supervised written summary

9. Focused quality improvement review of ongoing care, including but not limited to, PCR review, field observation and tape review
- H. “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 fire departments.
- I. “QI Representative” the individual assigned by the provider to be the point of contact for that agency and charged with the responsibility for determining how to resolve QI issues.

#### IV. OBJECTIVES:

- A. To recognize, reward and reinforce positive patient care and behavior.
- B. To assign specific responsibilities to the following agencies for their participation in the quality improvement process:
  1. Basic Life Support (BLS) Providers
  2. Advanced Life Support (ALS) Providers including paramedics and registered nurse providers
  3. Base Hospitals
  4. Receiving Hospitals
  5. Emergency Dispatch Centers
  6. Emergency Medical Services Agency
- C. To delineate scope of prehospital care.
- D. To identify and establish performance standards and indicators related to these aspects of care.
- E. To establish thresholds for evaluation related to the indicators.
- F. To collect and organize data.
- G. To recognize, develop, and enhance opportunities for improvement based on performance standards and thresholds.
- H. To take action to improve care.
- I. To assess the effectiveness of remedial actions and document improvement.

J. To communicate relevant information among the participating agencies.

V. PROVIDER PROGRAM REQUIREMENTS:

A. EMS PROVIDER

Each participating provider agency will provide qualified personnel to carry out the following responsibilities:

1. Prospective

- a) Provide EMS orientation to personnel.
- b) Establish a provider specific written quality improvement process.
- c) Assist all hospitals and the EMS Agency in the development of performance standards.
- d) Review and revise provider specific policies, as necessary.
- e) Actively participate in the revision of EMS Agency policies.
- f) Routinely update the QI representative contact information to the EMS Agency for distribution to all providers.

2. Concurrent

- a) Provide or participate in continuing education and skills training.
- b) Provide field observation of personnel.
- c) Communicate predetermined relevant performance and education information to the EMS Agency or appropriate agencies, as directed.

3. Retrospective

- a) Recognize, reward and reinforce the positive provision of prehospital care.
- b) Educate and if necessary counsel personnel who do not meet established thresholds.
- c) Provide QI review for personnel, as necessary.
- d) Participate in EMS Agency outcome studies of specific patient populations, disease entities and treatment modalities.
- e) Participate in the standardized QI program, to include the review process.

B. ALS PROVIDER

In addition to provider program requirements, each ALS Provider will comply with all listed provider program requirements and will provide qualified personnel to carry out the following responsibilities specific to ALS providers:

1. Prospective
  - a) Provide training in San Luis Obispo County paramedic scope of practice which is in excess of the California paramedic basic of practice scope.
2. Concurrent
  - a) Provide, at a minimum, annual field observation of all personnel.
  - b) Monitor field-to-hospital communication.
3. Retrospective
  - a) Conduct run review for compliance with identified indicators.
  - b) Audit critical skills, provide remedial training, as necessary, and report statistical information to the EMS Agency as required by the EMS Agency.
  - c) Provide QI review for personnel, at minimum:
    - Accredited less than one year – quarterly
    - Accredited over one year – annually

#### C. RECEIVING HOSPITALS

Each Receiving Hospital will comply with all listed provider program requirements and provide qualified personnel to carry out the following responsibilities specific to receiving hospitals:

1. Concurrent
  - a) Act as a resource for the all providers and the EMS Agency regarding field treatment and compliance to medical protocols.
  - b) Make recommendation on nurse performance for MICN authorization (Base hospitals only).
  - c) Provide education, in coordination with ALS Provider, through formal and informal classes.
  - d) Provide clinical setting for maintenance and remediation of skills, as available.
  - e) Communicate relevant end outcome information and statistics to the ALS Providers and/or the EMS Agency.

- f) Assist in the coordination, training, and evaluation of new procedures and pilot programs.

## 2. Retrospective

- a) Provide patient outcome data to EMS Agency which will include emergency department diagnosis, major interventions/treatments and disposition following admission.

## D. EMERGENCY DISPATCH CENTERS

Each participating emergency dispatch center will comply with all listed provider program requirements and will provide qualified personnel to comply with the policy.

## E. EMS Agency

1. The EMS Agency shall develop and implement, in cooperation with other EMS system participants, a system-wide written EMS QI program, as defined in State QI regulation. Such programs shall include indicators, as defined in Section III and Appendix E of the California Emergency Medical Services Authority System Quality Improvement Program Model Guidelines, which address, but are not limited to, the following:
  - a) Personnel
  - b) Equipment and Supplies
    - (a) Documentation
    - (b) Clinical Care and Patient Outcome
    - (c) Skills Maintenance/Competency
    - (d) Transportation/Facilities
    - (e) Public Education and Prevention
    - (f) Risk Management
2. Review systemwide EMS QI Program annually for appropriateness to the system and revise as needed.
3. 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, collaboration is required with the local EMS agency medical director.
4. Provide the EMS Authority with an annual update, from date of approval and annually thereafter, on the EMS Agency's EMS QI Program. The update shall include, but not be limited to, a summary of how the EMS Agency's EMS QI Program addressed the program

indicators.

- F. The EMS Agency EMS QI Program shall be in accordance with the Emergency Medical Services System Quality Improvement Program Model Guidelines (Rev. 3/04), incorporated herein by reference, and shall be approved by the 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.
- G. The EMS Agency EMS QI Program shall be reviewed by the EMS Authority at least every five years.
- H. The EMS Agency will provide qualified personnel to carry out the following responsibilities:
  - 1. Prospective
    - a) Provide personnel orientation guidelines.
    - b) Review and approve individual provider QI programs
    - c) Review the QI system management of all providers.
    - d) Assist in the development of QI and performance standards.
    - e) Coordinate the provision of, or directly provide the necessary training for, implementation of new procedures.
    - f) Provide clear and progressive EMS policies and procedures with review and revision as needed.
    - g) Assist in coordinating the EMS Communication System to guarantee maximum performance at all times.
    - h) Evaluate the credentials of all EMS personnel.
    - i) Certify and/or accredit Paramedics, Emergency Medical Technicians, and Emergency Medical Dispatchers.
    - j) Authorize Mobile Intensive Care Nurses.
  - 2. Concurrent
    - a) Act as a resource for the QI program participants.
    - b) Provide a central information center for educational activities.
    - c) Provide analysis of electronic data received from all participants in the QI program.
    - d) Coordinate county-wide quality improvement activities.

- e) Communicate to QI program participants the predetermined relevant system information and statistics.

### 3. Retrospective

- a) Evaluate QI program participants utilizing identified indicators.
- b) Recognize, reward, and reinforce the positive provision of prehospital care.
- c) Take appropriate action with ALS providers and/or Receiving Hospitals who do not meet established thresholds.
- d) Perform certificate review and disciplinary action in accordance with State and local laws, regulations, and policies.
- e) Provide statistical analysis and identify trends in prehospital care based on information provided to the EMS Agency.
- f) Initiate and participate in outcome studies on specific patient populations, disease entities and treatment modalities.
- g) Participate in the EMS Agency-approved QI program, to include the review process.
- h) Establish and participate in a committee responsible for QI activities in accordance with 1157.7 of the California Evidence Code, that will function under the direction and supervision of the EMS Agency Medical Director or designee to oversee and evaluate the medical control provided by hospitals within the County for the provision of prehospital care that affect system-wide issues.

## VI. QI REVIEW PROCESS:

### A. INTRODUCTION

1. Review Process - The first efforts to resolve conflicts should occur on a peer to peer level. If the issue is a timely patient care conflict, the base station physician should be consulted. If the issue remains unresolved at the peer to peer level an Opportunity for Improvement Form/Incident Report should be forwarded to the provider's QI representative. The QI representative shall then determine the need to do any of the following:
  - a) Resolve the issue at the provider level
  - b) Resolve the issue with the other involved provider(s)
  - c) Any items involving Section 1798.200 listed in this policy
  - d) System-wide implications
  - e) Inter-county issues

- f) Protocol, policy or emergency medical dispatch issues
  - g) Equipment issues
2. Opportunity for Improvement - any opportunity for improvement or patient care issue should be placed on the "Opportunity for Improvement Form"/Incident Report. All reports and additional contents are considered confidential documents and should not become part of, or referenced in the PCR or First Responder Report. The Opportunity for Improvement Form/Incident Report must be submitted to the provider QI representative.
  3. Reporting - All appropriate unresolved issues, mandatory requirements or issues with system-wide implications in patient care shall be reported to the EMS Agency in a timely manner.

Each participating agency will have a designated representative who will receive and review all opportunities for improvement related to that agency's personnel. Any individual or agency that discovers or becomes aware of an opportunity for improvement will inform the appropriate designated representative who will notify involved personnel after following the above guidelines.

The designated representative is responsible for the identification and resolution of opportunities for improvement in a timely manner. The EMS Agency Executive Director shall notify the Medical Director of any reports within 72 hours of receiving any preliminary report of an opportunity for improvement. The designated representative will maintain detailed documentation that may be reviewed by the Base Hospital and/or the EMS Agency. The designated representative will provide useful feedback to personnel. The designated representative may involve First Responders, ALS Providers, Medical Dispatch Centers, Receiving Hospitals, Base Hospitals, and/or the EMS Agency in useful feedback regarding opportunities for improvement.

The designated representative will forward to the EMS Agency, within 72 hours, any and all opportunities for improvement which may involve the California Health and Safety Code, Division 2.5, Section 1798.200 and/or Title 22 of the California Code of Regulations. Section 1798.200 states "Any of the following items shall be considered evidence of a threat to public health and safety and may result in denial, suspension, or revocation of a certificate issued under this division or placement on probation of a certificate holder":

- a) "Fraud in the procurement of any certificate under this division."
- b) "Gross negligence."
- c) "Repeated negligent acts."
- d) "Incompetence."
- e) "The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions and duties of prehospital personnel."

- f) “Conviction of any crime which is substantially related to the qualifications, functions, and duties of prehospital personnel. The record of conviction or certified copy of the record shall be conclusive evidence of such conviction.”
- g) “Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, conspiring to violate, any provision of this division or regulations adopted by the authority pertaining to prehospital personnel.”
- h) “Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances.”
- i) “Addiction to the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.”
- j) “Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license or certification.”
- k) “Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.”

In cases involving paramedics, the EMS Agency Medical Director may temporarily suspend the license in the case of a threat to the public health and safety and forward the case to the California EMS Authority for their action.

See Appendix A: QI Review Process Flow Chart.

## B. COUNSELING AND REMEDIATION

Counseling and remediation are an important aspect of the quality improvement process and include, but are not limited to, the items listed under the useful feedback definition. Recurrence of issues at any level may require increased counseling, monitoring, and/or remediation.

## C. WRITTEN AGREEMENT

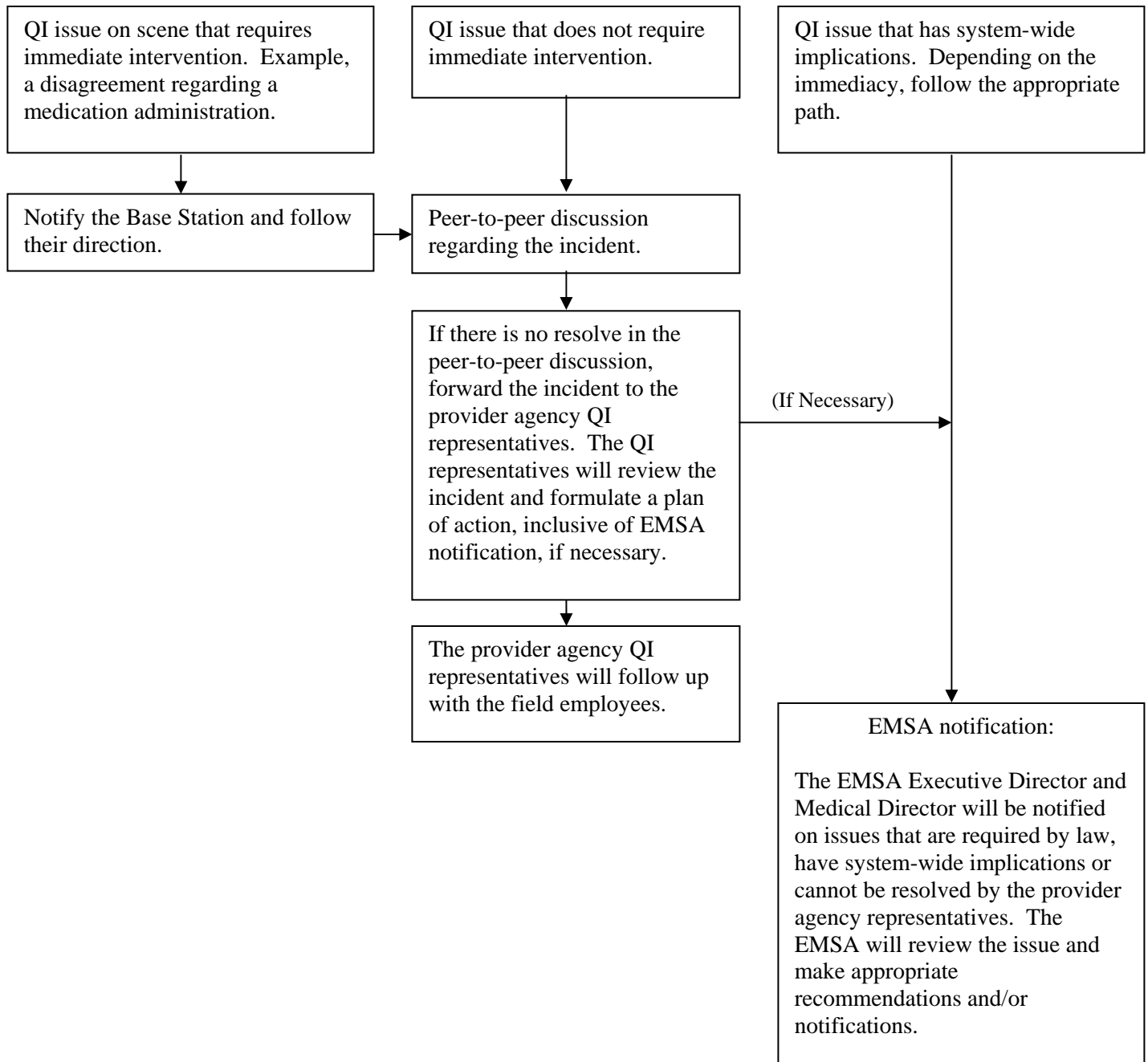
The written remediation agreement with the involved individual(s) will include, but not be limited to:

1. Identification of the specific opportunity to improve
2. Identification of specific written future expectations including the expected time frames for successful completion
3. Consequences for failure to comply
4. Personnel will sign the written agreement
5. Timelines for resolution and conclusion

6. System-wide issues may be referred to the appropriate EMS Agency committee(s) for assistance in resolving the issue.

APPENDIX A

QI REVIEW PROCESS:



- Depending on the issue, the QI representative(s) may contact the EMSA as soon as necessary.