

POLICY: 620.10
TITLE: Quality Improvement Program

EFFECTIVE: 10/25/24
REVIEW: 10/2027
SUPERCEDES:

APPROVAL SIGNATURES ON FILE IN EMS OFFICE

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QUALITY IMPROVEMENT

I. AUTHORITY

Division 2.5 of the California Health and Safety Code, Sections 1797.202, 1797.204, 1797.220, California Code of Regulations, Title 22, Division 9, Chapter 12, Sections 100400 – 100405, California Evidence Code, Section 1040, 1157, 1157.5, 1157.7

II. DEFINITIONS

- A. **Continuous Quality Improvement (CQI)** means an established committee, comprised of multiple provider agencies, which meets regularly to evaluate and act upon quality improvement information and issues within a local community.
- B. **Mountain Counties Emergency Medical Services Agency (MCEMSA) Quality Improvement Program Manual** means the document which defines the standardized structure, process, and indicators to be used in performing quality improvement within the MCEMSA member counties' system.
- C. **Outcome Indicator** means the result of structural and process indicators (e.g. cardiac arrest survival rate (outcome) compared to number of AEDs per population (structural) or response times (process)).
- D. **Process Indicator** means a measurable activity of a system (e.g. IV's, intubations)
- E. **EMS Service Provider** means any agency which performs services directly or indirectly to a patient which has received pre-hospital care to include, but not be limited to: dispatch, first responder, ambulance, base hospitals, and receiving facilities.
- F. **Provider Improvement Program** means a written program in which an EMS Provider has established an organizational structure and standard operating procedures which allow for the continual evaluation and improvement of services.
- G. **Provider Quality Improvement Panel** means an established committee within a local EMS Provider organization which meets regularly to evaluate and act upon quality improvement information and issues within a local provider service area.
- H. **Quality Improvement** means an organized and standardized process by which services and products delivered by an EMS System are continuously evaluated and improved based upon accepted benchmark standards.

- I. **Quality Indicator** means a measurement of the degree or frequency of compliance with an established standard or benchmark, including both core indicators and ad-hoc indicators, as approved by the EMS Agency Medical Director.
- J. **Quality Liaison Committee (QLC)** means an established committee of EMS service providers, which meets regularly to evaluate and act upon quality improvement information and standards within the regional service area.
- K. **Structural Indicator** means a physical attribute of a system or the structures in place to ensure quality (e.g. number of hospital or ambulances per population).

III PURPOSE

To provide the structure and process for the continual evaluation and improvement of emergency medical care within the Mountain Counties EMS system.

IV. POLICY

The CQI program shall involve all system participants and shall include but not be limited to the following activities:

- 1. Prospective - designed to prevent potential problems.
- 2. Concurrent - designed to identify problems or potential problems during the delivery of patient care.
- 3. Retrospective - designed to identify problems or near misses and prevent their reoccurrence.
- 4. Reporting/feedback - all CQI activities shall be reported to the MCEMSA in a manner to be jointly determined. As a result of CQI activities, changes may be made affecting policy, guidelines, education, and/or the system.

A. Data Collection & System Evaluation

EMS Providers shall participate in an organized EMS system evaluation program at each of the following four levels:

- 1. **Regional Level CQI (QLC)**
 - a. All EMS service providers shall collect and report data for core indicators to the MCEMSA on a regular basis, minimum quarterly.
 - b. All EMS service providers shall collect and report ad-hoc indicators to the MCEMSA as recommended by the QLC and approved by the MCEMSA Medical Director.
 - c. All EMS service providers shall participate in the regional QLC meetings and processes, which at a minimum provide review and assessment of structural, process, and outcome quality indicators as established within the regional EMS system.
- 2. **Local Level CQI**
 - a. All EMS service providers shall collect and report data for core indicators to the MCEMSA on a regular basis in a method approved by the Agency.
 - b. All EMS service providers shall collect and report ad-hoc indicators to the MCEMSA as recommended by the CQI and approved by the MCEMSA Medical Director.
 - c. Each CQI shall regularly report the results of any system evaluation to the Quality Liaison Committee.
 - d. All EMS service providers shall participate in the CQI meetings and processes, which at a minimum provide review and assessment of core

structural, processes, and outcome quality indicators as established within the regional EMS system.

3. Provider Level
 - a. All EMS service providers shall establish in writing an internal Data Collection and System Evaluation program, which includes, at a minimum a:
 - (1) list of structural, process, and outcome indicators, approved by the MCEMSA Medical Director
 - (2) procedure for the evaluation of all established indicators
 - (3) procedure for the regular reporting of core and ad-hoc indicators to the CQI, QLC, and MCEMSA
 - (4) procedure for reporting information on any structural, process, or outcome indicator which falls outside the accepted benchmarks to the provider QI liaison
 - (5) procedure for reporting information on any structural, process, or outcome indicator which falls outside the accepted benchmarks to other agency provider QI liaisons when the information involves another EMS provider
 - (6) procedure for submitting unusual occurrence reports (UOR) to the EMS agency for unresolved inter-agency issues.
 - b. All providers shall immediately provide a written unusual occurrence report to the MCEMSA when any situation could be considered an imminent threat to the public health or safety.
4. Personnel level
 - a. All EMS personnel who provide pre-hospital medical care for an EMS provider shall participate in a system evaluation program that includes, at a minimum:
 - (1) collection and documentation of structural, process, and outcome indicators as established by the EMS service provider
 - (2) periodic evaluation of established indicators
 - b. All EMS personnel shall immediately provide a written situation report to the EMS Agency when any situation could be considered an imminent threat to the public health or safety or a time-sensitive near miss is recognized where expedient changes could prevent future problems.

B. EMS System Improvement Program

1. EMS Providers shall participate in an organized EMS system improvement program. In cooperation with the EMS agency, providers shall use the following four-step improvement process:
 - a. **Plan:** Develop a PLAN to implement a policy, procedure, or process to improve quality.
 - b. **Do:** After the plan is developed, DO it by putting the plan into action.

- c. **Study:** After the plan has been put into action, STUDY the results to see if the plan has worked.
 - d. **Act:** After studying the results of the plan, ACT either to stabilize the improvement that occurred or to determine what went wrong if the gains that were planned for did not materialize.
2. EMS Providers shall participate in all training programs identified through the QI process for system improvement and approved by the MCEMSA Medical Director.
 3. EMS Providers shall ensure that all personnel who provide prehospital medical care successfully complete training programs identified through the QI process for system improvement and are approved by the MCEMSA Medical Director. Training records shall be maintained for a period of not less than four years and be available to the MCEMSA upon request.
 4. All EMS personnel who provide prehospital medical care shall participate in training programs identified through the QI process for system improvement and are approved by the MCEMSA Medical Director.
 5. Each participating agency (Hospital, ALS, BLS, and dispatch) shall conduct an annual review of their CQI plan and submit changes or alterations to MCEMSA for approval.
 6. All proceedings from the CQI committee and its subcommittees are confidential and protected under section 1157.7 of the evidence code: "The prohibition relating to discovery or testimony provided in Section 1157.7 shall be applicable to proceedings and records of any committee established by a local governmental agency to monitor, evaluate and report on the necessity, quality and level of specialty healthcare services, including but not limited to trauma care services, provided by a general acute care hospital which has been designated or recognized by that governmental agency as qualified to render specialty healthcare services."

Appendix A:

The following quality indicators shall be monitored and reported to MCEMSA on a regular basis:

1. Trauma scene times(goal < 10 minutes)
2. Medical scene times (goal < 15 minutes for STEMI, stroke, and sepsis and <20 minutes for other medical conditions)
3. Cardiac arrest survival rates
4. Trauma survival rates
5. AMA/RAS
6. Nature and frequency of Unusual Occurrence Reports
7. Pediatric survival rates
8. Successful IV after three attempts (goal > 90%)
9. Successful endotracheal placement or other form of airway management that facilitates successful ventilation after three attempts (goal 100%)
10. Sentinel events