

I. Authority:

California Health and Safety Codes. Division 2.5 Section 1797.204 and 1798.102; California Code of Regulations, Title 22, Section 100168

II. Application:

This policy defines guidelines for processes used by the Base Hospital to identify and report variations in practice from Imperial County EMS policies, protocols, treatment guidelines and documentation standards, and outlines the actions to be followed for problem resolution, performed as a part of the Base Hospital's continuous quality improvement (CQI) plan.

III. General Guidelines:

- A. The base hospital coordinator participates in prehospital and MICN quality improvement activities in accordance with ICEMS policies, procedures and protocols. This includes PCR review of field care, to include reporting and review of incidents in collaboration with and at the direction of the ICEMS Medical Director or designee(s).
- B. ALS and BLS calls will be evaluated by the Base Hospital Coordinator (BHC), Program Coordinator or designated person for compliance with Imperial County EMS (ICEMS) treatment *I* documentation guidelines.
- C. Emergency departments who have concerns about prehospital care should notify the BHC of the concern. Issues or concerns regarding prehospital care shall be investigated by the appropriate CQI designee at the Base Hospital.
- D. The BHC will initiate a review within 5 days of the notification of the occurrence.
- E. All significant issues (see #3 below) will be documented and trended by the BHC. This information shall be filed in a secured area by the BHC as part of the base hospital's CQI process, therefore protected under California State Evidence code 1157.7.
 1. Quarterly summary reports will be analyzed by BHCs to identify system trends. Identified trends may indicate the need for future continuing educational opportunities or recommendations for system changes. Trends and recommendations will be forwarded to the fire or EMS agency representative and Imperial County EMS for Quality Assurance/Quality Improvement review.
 2. Any incidents that, upon the Base Hospital Medical Director's review, requires ICEMS notification and could result in action regarding the involved personnel's license should refer to policy #1900

- 3 ICEMS Agency shall be notified of the following:
 - a. Any medication error or reported "near-miss" for trending at the system level
 - b. Significant medication errors with a potential for or actual bad outcome
 - c. Any actions or omissions resulting in injury.
 - d. Deviations from standard practice resulting in patient harm, whether temporary or permanent.
 - e. Trends of recurrent issues with individuals requiring additional education, counseling, monitoring or necessitating a performance improvement plan.
 - f. Unrecognized endotracheal tube (ETT) dislodgement.
 - g. Issues pertaining to practice outside paramedic scope of practice.
 - h. Unusual occurrences with potential for a negative outcome.
4. EMS or Fire agency representative shall be notified of the following:
 - a. Patient care issues resulting in harm or potential for harm.
 - b. Personnel/dispatch/ system issues.
 - c. Unrecognized ETT dislodgements.
 - d. Trends of behavior.
 - e. Unusual occurrences with the potential for a negative outcome.
 - f. Scope of practice issues.

F. Personnel/ Dispatch or System Issues

1. Incident will be forwarded to the appropriate EMS or Fire or other agency representative, as appropriate.
2. Issues affecting patient care will be referred to the BHC.
3. Concern documented and trended for follow-up by the agency representative per agency internal procedures. The agency representative should provide feedback to the Base Hospital Coordinator as appropriate.

G. Performance Improvement Plan

1. The decision to develop an educational performance improvement plan will be developed collaboratively by the BHC, EMS, Fire or other agency representative and/or Base Hospital Medical Director as indicated.

- a. The BHC is responsible for plans related to Base Hospital Personnel.
 - b. The Fire or EMS Program Coordinator/agency representative is responsible for plans related to agency personnel.
 - c. The Base Hospital Medical Director may participate in performance improvement plans as appropriate.
2. Educational and performance expectations for specific improvements shall be confidential, clearly identified, measurable and include:
 - a. Identification of specific expectations including the expected time frame for completion.
 - b. Consequences for non-compliance.

H. Procedure

Upon notification of a concern, complaint or incident, the BHC, EMS or Fire or agency representative will:

1. Conduct an incident review, to gather facts surrounding the incident or concern.
2. Document findings pertinent to the incident or concern according to the Base Hospital QA/QI process.
 - a. Determine if the incident/concern is an isolated incident or a recurring problem with the individual, medic team or system.
- b. Document action plan, which may include: recommendation(s) and action(s) taken, specific expectations and expected time frame, as indicated. Examples may include:
 1. Education plan developed: discussion, completion of an independent case review/module, didactic course, review article.
 2. Clinical time.
 3. Skills review.
- d. If involved personnel dispute the issue raised, a formal case review should be conducted with all parties involved; the paramedics, MICNs, BHC, Base Hospital Medical Director, EMS or Fire Coordinator, or their designees. The Imperial County EMS Medical Director should be notified of incidents requiring formal incident reviews.

- e. Enter incident into the Base Hospital confidential database
 1. Track and trend incidents.
 2. Incidents and trends will be reviewed at the BHC meeting quarterly.
 3. Improvement plans based in incidents and trends shall be incorporated into revisions of the Base Hospital or Agency CQI plans as appropriate.

Approved:

Katherine Staats, MD, FACEP

EMS Medical Director