



Health & Social Services Department

Donald R. Rowe, Director
Public Health Division
Emergency Medical Services Agency

Thomas L. Charron, M.D. M.P.H.
Health Officer / EMS Agency Medical Director
1735 Enterprise Dr., Bldg 3 MS 3-110
Fairfield, CA 94533

Michael A. Frenn
Agency Administrator
(707) 421-6685

EMERGENCY MEDICAL SERVICES

POLICY MEMORANDUM #2200

EFFECTIVE DATE: 20 APRIL 1998

APPROVED BY:

A handwritten signature in black ink that reads "Thomas L. Charron".

THOMAS L. CHARRON, M.D.,M.P.H., SOLANO COUNTY HEALTH OFFICER, EMS MEDICAL DIRECTOR

REVIEWED BY:

A handwritten signature in black ink that reads "Allen Morini, D.O.".

ALLEN MORINI, D.O.,F.A.C.E.P., ASSISTANT EMS MEDICAL DIRECTOR

SUBJECT: EMS QUALITY IMPROVEMENT PLAN

AUTHORITY: HEALTH & SAFETY CODE 1797.204, 1797.220; ADMINISTRATIVE CODE, TITLE 22, DIVISION 9, CHAPTER 4, SECTION 100141.2, 100166

PURPOSE/POLICY:

The Quality Improvement Plan of the Solano EMS System shall complement and be integrated into the Q.I. Plan of each organization and agency that participates in the EMS System. The Enclosed Q.I. Plan shall be the minimum prescribed standards of Q.I. activities that EMS Service Providers shall be responsible for within the Solano EMS System.

I. INTRODUCTION

- A. The local EMS Agency shall establish a system-wide Quality Improvement Program as defined in Section 100142.2 of Title 22, Division 9, Chapter 4 of the California Code of Regulations. Additionally, each EMT-P Service Provider and each EMT-P Base Hospital shall have a Quality Improvement Program approved by the local EMS Agency.

II. SEMSC QUALITY IMPROVEMENT MISSION

The mission of the Solano Emergency Medical Services Cooperative in its role as the Local EMS Agency is to insure the immediate availability of the highest quality appropriate emergency medical care in accordance with National, State and local standards to all people in the communities of Solano County nonjudicially and regardless of their ability to pay.

III. GOALS

- A. Deliver optimal prehospital patient care.
- B. Assure optimum clinical and field performance of all care-givers within the local EMS System.
- C. Comply with all legislated requirements of California Administrative Code 100141.2, 100166 c.

IV. OBJECTIVES

- A. High quality care.
- B. Consistency in treatment by providers.
- C. Open honest dialogue among EMS providers, base hospitals, and the SEMSC.
- D. Accurate data collection.
- E. Individual and system improvement including tracking and trending.
- F. Provide and promote high quality continuing education.
- G. 100% compliance with licensure, accreditation and certification requirements.
- H. Promote customer focus.
- I. EMS providers and the EMS agency will have active involvement in the committee process.

V. EMS SYSTEM QUALITY IMPROVEMENT ACTIVITIES

The Quality Improvement Plan will insure the following activities are occurring at the level of the EMS Agency, Base Hospitals and EMS Service Providers.

- A. The Continuous Quality Improvement (CQI) Committee will insure that EMS services are consistent with medical expectation and SEMSC policy.
- B. The CQI Committee will define standards of care objectively and establish systems to monitor care and define trends.
- C. EMS Agency will promote active participation at base station education tape review meetings.
- D. EMS Agency will review and revise policies and protocols on an as needed basis.

- E. EMS Agency will promote peer review at the provider level.
- F. EMS Agency will review MIS data gained and periodically report back to the EMS Providers.
- G. EMS Agency will disseminate SEMSC memorandums to all EMS providers in a timely manner.

VI. ORGANIZATION, ACCOUNTABILITY AND RESPONSIBILITY

A. Organization and Accountability.

The Quality Improvement Plan addresses all of the components in the Emergency Medical Services System. This includes the base hospitals, receiving facilities, dispatch agencies and all agencies/companies providing prehospital field care within the local EMS system. Each of these system participants are responsible for coordinating the day-to-day quality assurance activities within their respective areas and integrating quality assurance issues that effect overall emergency medical care in the County.

B. Responsibilities – Local EMS Agency (LEMSA)

- 1. The Local EMS Agency, as designated by law, is responsible for planning, implementing, monitoring and evaluating the local EMS System.
- 2. The Medical Director or his/her designee of the EMS Agency is responsible for medical control and medical direction of the local EMS System.
- 3. The EMS Administrator of the EMS Agency has responsibility for integration and coordination of all system-wide Quality Programs in the EMS System.
- 4. The EMS Prehospital Care Coordinator is responsible for carrying out the day-to-day activities of the Quality Improvement Program in the Agency. These responsibilities include:
 - a. Acting as primary staff for the Quality Improvement Program.
 - b. Providing technical assistance in Quality Improvement to all system components;
 - c. Identifying and participating in the resolution of important prehospital care issues;
 - d. Collecting and analyzing data;
 - e. Identifying system issues and needs and design and implement mechanisms needed for change;
 - f. Regulating the flow of prehospital patient care issues while insuring reporting through appropriate channels.
- 5. The Base Hospital(s) and Pre-hospital care provider(s) have the responsibility to implement the policies and procedures of the EMS Agency. This shall include meeting or exceeding minimum quality improvement standards as approved by the EMS Agency, active review of

the services and care provided, and timely submission of productivity reports to the EMS Agency.

6. All EMS personnel providing prehospital care are responsible for meeting or exceeding minimum quality improvement standards as approved by the EMS Agency.

VII. COMPONENTS OF THE QUALITY IMPROVEMENT PROGRAM

- A. The EMS QUIP uses an integration of the EMS providers' QI program and base hospital QI program to gather information and to send items to the QI committee for analysis and recommendation. The EMA Agency will use the following components to improve patient care:
 1. Plan
Utilizes information gathered from QI programs to identify areas needing improvement.
 2. Do
Implement changes that were recommended during the planning stage.
 3. Study
Study a statistically significant sample of the changed process for a specified amount of time.
 4. Act
Implement revised policy/protocol based on the results of the study. See reference.

VIII. METHODOLOGY FOR QUALITY IMPROVEMENT ASSESSMENT

- A. Assessment for Quality Improvement occurs in 3 levels.
 1. Prospective Assessment is preventative planning provided by system planning, policy and protocol development, training and continuing education. Many administrative bodies are involved, including the State Emergency Medical Services Authority (EMSA), the local EMSA (SEMSC), the Health Officer for Solano County, Base Hospital personnel and Pre-Hospital training institutes. Coordination for this function occurs at the local EMSA.
 2. Immediate Assessment occurs by Base Hospital contact during an EMS call. Quality Improvement programs, conducted by the Base Hospital, are directly related to the provision of direct Medical Control.
 3. Retrospective Assessment consists of reviews of various aspects of EMS after the care has been rendered. This may be in the form of Quality Improvement audits, tape review sessions and educational programs. Initial screening takes place at the appropriate EMS Agency and then audit forms are forwarded to the local EMSA for further review, data entry and statistical trend analysis.
- B. The task of coordination of Quality Improvement activity belongs to the Solano EMS Agency. Through contractual agreements and as required by regulations, Base Hospital Liaisons, Provider Q.A. Liaisons, the Continuous Quality

Improvement Committee (CQI), the Pre-Hospital Care Committee (PCC) and Physician's Forum and all EMS providers must participate in the Q.I. process in conjunction with the EMS Office.

- C. Base Hospital Liaison nurses have a specific role in ALS activities review. Audits are done following the criteria set forth by Solano EMS Agency. Issues and identified needs involving medical control and patient outcome will be addressed at this level (see Policy #2201).
- D. Each EMS Prehospital Care Provider shall have a Q.I. Liaison that shall assist both the Base Hospital Liaisons and the EMS Office in the evaluation of unusual occurrences, follow-up training and any other Q.I. issues as delegated by the EMS Agency.
- E. Each EMS Service Provider Organization shall have a Q.I. Plan which is approved by the EMS Medical Director, in writing, and which shall address at a minimum:
 - 1. Productivity – as it relates to that specific EMS System Service and elements of prehospital care where the Service Provider has direct control and the capability of making changes.
 - a. To include data collection and retrospective review (audit) of EMS patient care provided and timely submission of Q.I. Productivity Reports to the EMS Office (as referenced in Solano EMS Agency Policy #2203).
 - b. Records monitoring for certification/accreditation requirements of personnel within their organization.
 - c. In-house education/training programs to meet and exceed LEMSA requirements and other training requirements established by the EMS Medical Director, EMSA or the State Legislature.
 - 2. Prevention/long range planning – as relates to training and projections for future needs.
 - a. To include update and remedial education as required by audit processes.
 - b. To include provisions for education for new skills and procedures.

Reference:

- 1. MANAGING CHANGE TO IMPROVE EMERGENCY MEDICAL SERVICES.
A User's Guide for the California EMS Quality Improvement Model.
-