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Medical Director

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PAGE: 1 of 4

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. **Local Quality Improvement Group (LQIG)** 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. **Stanislaus County Emergency Medical Services Agency (SCEMSA) Quality Improvement Program Manual** means the document which defines the standardized structure, process, and indicators to be used in performing quality improvement within Stanislaus County.
- 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 Stanislaus County.

IV **POLICY**

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/QLC**
 - a. All EMS service providers shall collect and report data for core indicators to the EMS Agency on a regular basis.
 - b. All EMS service providers shall collect and report ad-hoc indicators to the EMS Agency as recommended by the QLC and approved by the EMS Agency 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/ LQIG**
 - a. All EMS service providers shall collect and report data for core indicators to the EMS Agency on a regular basis.
 - b. All EMS service providers shall collect and report ad-hoc indicators to the EMS Agency as recommended by the LQIG and approved by the EMS Agency Medical Director.
 - c. Each LQIG shall regularly report the results of any system evaluation to the Quality Liaison Committee.
 - d. All EMS service providers shall participate in the LQIG meetings and processes, which at a minimum provide review and assessment of core structural, processes, and outcome quality indicators as established within Stanislaus County EMS Agency.
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 EMS AGENCY 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 LQIG, QLC, and EMS Agency
 - (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 to the EMS agency for unresolved inter-agency issues.
- b. All providers shall immediately provide a written unusual occurrence report to the EMS Agency 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.

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 EMS Agency 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 EMS Agency Medical Director. Training records shall be maintained for a period of not less than four years and be available to the EMS Agency 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 EMS Agency Medical Director.