	COUNTY OF SACRAMENTO OFFICE OF EMERGENCY MEDICAL SERVICES <u>PROGRAM DOCUMENT:</u> Quality Improvement Program	Document #	7600.05
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 Signature on File
 EMS Medical Director

 Signature on File
 EMS Administrator

Purpose:

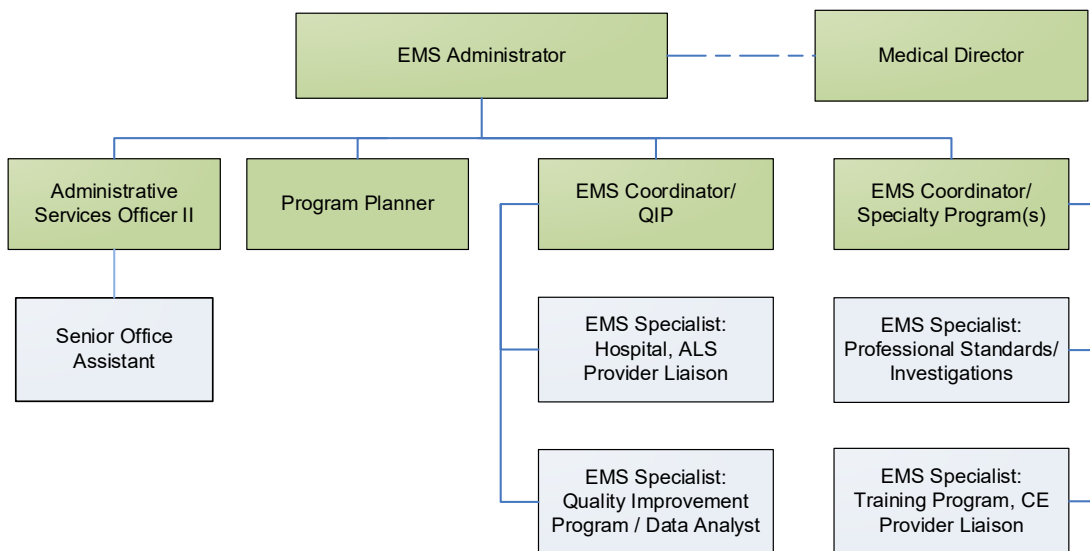
The Sacramento County Emergency Medical Services (SCEMS) system and its participants require objective feedback about performance that can be used internally to support quality improvement efforts and externally to demonstrate accountability to the public governing boards and other stakeholders. The primary goal of the Sacramento County Emergency Medical Services Agency (SCEMSA) Quality Improvement Program (QIP) is to ensure effective patient care to the people of Sacramento County through standardization, coordination, evaluation and process improvement.

Authority:

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

Organizational Chart:

**Sacramento County Emergency Medical Services Agency
 Quality Improvement Organizational Chart**



Quality Improvement Program:

- A. SCEMSA has established a system-wide QIP to continuously monitor, review, evaluate and improve the delivery of prehospital medical, trauma, and specialty care services. QIP comprises participants from all system partners and includes the following activities:
 - 1. Prospective – prevent potential problems
 - 2. Concurrent – identify problems or potential problems during patient care
 - 3. Retrospective – identify potential or known problems and prevent their reoccurrence.
 - 4. Reporting/Feedback – QIP activities will be reported to SCEMSA and may result in system design changes
- B. Relationship with participating providers:
 - 1. Each participating provider submits an Annual Update to SCEMSA by March 31
 - 2. Timeline for submitting QIPs are determined mutually by each agency and SCEMSA
 - 3. SCEMSA evaluates the implementation of each provider's QIP Plan and requests revisions as needed
- C. As noted in Title 22, Div.9 Chap. 12, SCEMSA shall "Develop, in cooperation with appropriate personnel/agencies, a performance action plan when the EMS QI Program identifies a need for improvement." Quality Improvement (QI) Issues related to individual pre-hospital care providers, Emergency Medical Services (EMS) service provider agencies, or base hospitals, shall be addressed directly by SCEMSA QI Program staff. As per Title 22, Div. 9, Chap. 12, "If the area identified as needing improvement includes system clinical issues, collaboration is required with the local EMS agency medical director." System wide QI issues will be addressed at the level of the SCEMSA Technical Advisory Group (TAG) (see page 4).
- D. All proceedings, documents and discussions of the Quality Improvement Program, are confidential and are covered under Sections 1040 and 1157.7 of the Evidence Code of the State of California. The prohibition relating to discovery of testimony provided to SCEMSA QI Committees will be applicable to all proceedings and records of these committees, which are established by a local government agency to monitor, evaluate, and report on the necessity, quality, and the level of specialty health services, including pre-hospital medical, trauma, and specialty care. Issues requiring system input may be sent in total to the SCEMSA for input. Guests may be invited to discuss specific cases and issues in order to assist the committee in making final case or issue determinations. Guests may only be present for the portions of the meetings they have been requested to review and comment about.

SCEMSA Quality Improvement Committee (QIC):

SCEMSA maintains a Quality Improvement Committee. SCEMSA members of this Committee consist of: Medical Director, EMS Administrator, and QIP Coordinator. QIC activities include:

- A. Reviews QI Plans from each participant submitted annually and provides feedback or recommendations to SCEMSA as indicated
- B. Holds quarterly meetings to review and monitor participating agencies QI Plans
- C. Operates subcommittees, including the following Committees: Trauma Review, Technical Advisory Group (TAG), STEMI Care Committee, Stroke Care Committee and Ad Hoc QIP Committees as needed
- D. EMS Patient/System Data transmitted or conveyed to SCEMSA from EMS providers is for the express purpose of analysis by members of the SCEMSA QIP Committee
- E. No copies of EMS Patient/System Data records shall leave SCEMSA custody, and all unessential copies shall be destroyed by paper shredder
- F. All correspondence addressed to the SCEMSA QIP Committee will be stamped "Confidential," remain unopened and personally handed to the addressee
- G. Any outgoing SCEMSA QIP correspondence will be stamped "Confidential"

- H. All SCEMSA QIP records shall be stored in a locked cabinet at SCEMSA offices, and dedicated for SCEMSA QIP Committee use
- I. All SCEMSA Data System files will be encrypted and/or protected by user access code. Only SCEMSA employees will be assigned user access code(s), and issuance of access codes shall be limited to a need-to-know basis and
- J. All SCEMSA employees are HIPAA trained and compliant.

SCEMSA QIC Responsibilities:

- A. Develop and implement, in cooperation with other EMS system participants, a system-wide written EMS QI program as defined in the California Code of Regulations, Title 22, Division 9, Chapter 12, Article 4. Such programs shall include indicators, as defined in section III and Appendix E of the Emergency Medical Services System Quality Improvement Program Model Guidelines. (REV. 3/04), which address, but not limited to the following:
 - 1. Personnel
 - 2. Equipment and Supplies
 - 3. Documentation
 - 4. Clinical Care and Patient Outcome
 - 5. Skills Maintenance/Competency
 - 6. Transportation/Facilities
 - 7. Public Education and Prevention
 - 8. Risk Management
 - 9. Other
- B. Review the system-wide QI Program annually for appropriateness to the system and revise as needed.
- C. 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 SCEMSA Medical Director.
- D. Provide the California Emergency Medical Services Authority (EMSA) with an annual update, from date of approval and annually thereafter, on the SCEMSAs EMS QI Program. The update shall include, but not be limited to, how SCEMSAs EMS QI Program addressed the program indicators.
- E. SCEMSAs 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 EMSA. This 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.
- F. SCEMSAs EMS QI Program shall be reviewed by the EMSA at least every five (5) years.

TAG:

- A. The Technical Advisory Group is the main advisory committee to the QIC. Refer to Program Document 7601

Public Safety / Emergency Medical Technician (EMT) Automatic External Defibrillation (AED) and/or Optional Scope Provider Responsibilities:

- A. Provide and/or participate in education, including but not limited to:
 - 1. Participate in initial training and periodic proficiency demonstration sessions
 - 2. Offer educational activities based on problem identification and trend analysis
 - 3. Establish procedures for informing all automatic external defibrillation and/or optional scope personnel of changes in SCEMSA policies and procedures and

4. Design standardized educational plans for AED and/or optional scope personnel with identified performance deficiencies, including failure to attend periodic skills demonstration sessions
- B. Develop a process for retrospective review and analysis utilizing the evaluation form, audio tape, memory module and patient follow-up, to include:
 1. All witnessed arrests
 2. All patients who were defibrillated
 3. Problem oriented
 4. Optional scope utilization
 5. Calls requested to be reviewed by SCEMSA or another appropriate agency and
 6. Specific audit topics as requested by SCEMSA
 7. Develop performance standards for evaluating the quality of care delivered by AED and/or optional scope personnel
 8. Participate in the incident review process
 9. Comply with reporting and other quality assessment requirements as specified by SCEMSA
 10. Participate in prehospital research and efficacy studies requested by the SCEMSA or quality assessment committees

Advanced Life Support Provider (ALS) Responsibilities:

- A. Develop and implement, in cooperation with other EMS system participants, a provider-specific written EMS QI program, as identified in the CCR, Title 22, Division 9, Chapter 12, Article 1. Such programs shall include indicators, as defined in § III and Appendix E of the Emergency Medical Services Systems Quality Improvement Program Model Guidelines (Rev. 3/04), which address, but are not limited to the following:
 1. Personnel
 2. Equipment and Supplies
 3. Documentation
 4. Clinical Care and Patient Outcome
 5. Skills Maintenance/Competency
 6. Transportation/ Facilities
 7. Public Education and Prevention
 8. Risk Management
 9. Other
- B. Engage in evaluation – develop criteria for evaluation of individual paramedics including:
 1. Review Patient Care Reports (PCR) and electronic Patient Care Reports (ePCR), tape or other documentation as available
 2. Direct observation
 3. Evaluation of new employees
 4. Routine evaluation
 5. Performance Improvement Plan
 6. Design educational plans for individual paramedic deficiencies
- C. Accreditation – Establish policies and procedures, based on SCEMSA policies:
 1. For obtaining initial accreditation
 2. Track current required certificates for reaccreditation
 3. Other training as specified by SCEMSA through either policy or contractual obligation
- D. Establish a procedure for the evaluation of paramedics utilizing performance standards through direct observation
 1. Provide availability of field supervisors and/or quality assessment personnel for consultation/assistance
 2. Review of low frequency high risk and local optional scope skills at least every two (2) years.

- E. A retrospective analysis of field care, utilizing ePCRs, audio tapes, or other applicable documentation to include:
 1. High-risk
 2. Optional Scope
 3. Trend Analysis for high volume calls or unusual occurrences
 4. Problem-oriented (trend analysis)
 5. Those calls requesting to be reviewed by SCEMSA or another appropriate agency
 6. Specified audit topics established through SCEMSA or SCEMSA quality improvement committees.

Emergency Medical Dispatch Responsibilities:

- A. The QA/QI Management Program shall be approved by the:
 1. EMD Medical Director
 2. SCEMSA Medical Director
- B. The QA/QI management program is required to:
 1. Provide:
 - a. Written Approval from the EMD Medical Director and SCEMSA Medical Director.
 - b. Documentation of the QA case review process shall be available to SCEMSA upon request.
 2. Establish an EMD oversight committee(s) that meet at minimum quarterly.
 3. Entities shall have a representative participate in SCEMSA Quality Improvement Program and its subgroups.
 4. All EMD Dispatchers shall receive feedback regarding performance at least once each year.
 - a. The minimum EMD Dispatcher performance scoring standard shall be set at a minimum of 90%, except for the customer service standard which is a minimum of 95%.
 5. Conduct quarterly audits based on the chart below:

Annual EMD PRS Volume	Number of Audits
Above 500,000	1%
43,3333 – 499,999	1% - 3%
1,300 – 43,332	1300 cases, 25 cases/week
Less than 1,300	100%
All entities shall conduct a 100% audit on all EMD Calls requiring pre-arrival instructions for CPR, Childbirth, and Choking	

6. Document audit results and review with EMD Oversight Committee.
7. Evaluate the effectiveness and timeliness of interrogation questions and dispatch functions.
8. Conduct routine random audits on each dispatcher.
9. Document in writing and certify to the SCEMSA the results of the audits conducted as set forth below:

- a. Certifying should include individual EMD scores, plus the cumulative entity score.
 - b. QA/QI and EMD performance scores shall be submitted to SCEMSA as requested.
 - c. Each entity shall establish an EMD oversight committee(s) that meets quarterly.
 - d. Any findings of the EMD oversight committee(s) that functionally fall under the EMS “Medical Procedures and Studies Act” (or equivalent) are not subject to discovery.
10. The EMD QA/QI Management Program shall work collaboratively with SCEMSA in providing data used for EMS system analysis as requested.
 11. Comply with the SCEMSA QIP requirements.

Base Hospital Responsibilities:

- A. Develop and implement, in cooperation with other EMS participants, a hospital-specific written EMS CQI Program, as defined in CCR, Title 22, Chapter 12, Article 3. Such programs shall include indicators, as defined in Section III Appendix E of the Emergency Medical Services System Quality Improvement Program Model Guideline, which address, but not limited to, the following:
 1. Personnel
 2. Equipment and Supplies
 3. Documentation
 4. Clinical Care and Patient Outcome
 5. Skills and Maintenance/Competency
 6. Transport/Facilities
 7. Public Education and Prevention
 8. Risk Management
 9. Other
- B. Review the Hospital-Specific EMS Continuous Quality Improvement (CQI) Program annually for appropriateness to the operation of the Base Hospital and revise as needed
- C. Participate in the SCEMSA CQI Program that may include making available mutually agreed upon relevant records for program monitoring and evaluation.
- D. Develop, in cooperation with appropriate personnel/agencies, a performance improvement action plan when the Base Hospital EMS CQI Program identifies a need for improvement. If the area identified as needing improvement includes system clinical issues, collaboration with the Base Hospital Medical Director or his/her designee is required.
- E. A retrospective analysis of field care and base direction utilizing the base hospital worksheet, audio tape, PCR/ePCR and patient follow-up, to include but not limited to:
 1. High risk
 2. Trend analysis for high volume calls or unusual occurrences
 3. Problem-oriented
 4. Those calls requested to be reviewed by SCEMSA or other appropriate agency
 5. Develop a procedure for providing patient follow-up when requested by SCEMSA
 6. Specific audit topics established through SCEMSA or other quality assessment committees, and
 7. Review all non-transport with base hospital contact
- F. Provide SCEMSA with an annual update, from date of approval and annually thereafter, on the provider EMS CQI Program. The update shall include, but not be limited to a summary of how the Base Hospital’s EMS CQI Program addressed the program indicators.
- G. The Base Hospital EMS CQI 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 SCEMSA. This is to be tailored to the individual organization’s quality improvement needs and is to be based on available resources for the EMS CQI Program.

H. The Base Hospital EMS CQI Program shall be reviewed by SCEMSA at least every five (5) years.

Specialty/Critical Care Hospitals Responsibilities:

- A. Develop and implement, in cooperation with other EMS participants, a hospital-specific written EMS CQI Program, quality improvement or methods of evaluation that are composed of structure, process, and outcome evaluations that focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes, and take steps to correct the process, and recognize excellence in performance and delivery of care. Each specialty care hospital shall have a quality improvement process that shall include, at a minimum:
1. Evaluation of program structure, process and outcome
 2. Review of Trauma, STEMI and Stroke deaths, major complications and transfers
 3. Documentation
 4. Participate in a multidisciplinary Trauma, STEMI and Stroke Quality Improvement Committee, including both prehospital and hospital members as requested or specified by SCEMSA
 5. Participation in the QI process by all designated Trauma, STEMI and Stroke centers and prehospital providers involved in the specialty care system
 6. Evaluation of regional integration of Trauma, STEMI and Stroke patient movement
 7. Compliance with the California Evidence Code, Section 1157.7 to ensure confidentiality, and a disclosure-protected review of selected cases
 8. Provide continuing education activities to further the knowledge base of the field and specialty care hospitals personnel
 9. SCEMSA shall be responsible for on-going performance evaluation and quality improvement of the specialty care hospital system

Case Referral Guidelines: See PD 7602 Quality Assurance Program (QAP)

Case levels are defined as a guide to assist participating agency QI Programs in determining which incidents are to be reported to the SCEMSA Medical Director and SCEMSA. Only cases related to the prehospital care patient(s) need to be referred to QA. When questions arise, case may be discussed with the SCEMSA QIP Coordinator to determine appropriate management for the case review.

[Note: Any incident necessitating QA review will also undergo this process by the responsible organization with participation of SCEMSA and the SCEMSA Medical Director as indicated by California Health and Safety Code 1798].

Cross Reference: PD# 7602 - Quality Assurance Program
PD# 4050 - Certification Review Process
PD# 2026 - Trauma Review Committee
PD# 7601 - Technical Advisory Group
Provider Tracking Form