

POLICY #100: CONTINUOUS QUALITY IMPROVEMENT

I. PURPOSE

- A. To establish a system-wide quality improvement program to evaluate the services provided within the County of San Luis Obispo (SLO) Emergency Medical Services (EMS) System.

II. SCOPE

- A. This policy applies to all EMS service providers (henceforth “providers”) and base hospitals within the County of SLO EMS System.

III. DEFINITIONS

- Emergency Medical Services System Continuous Quality Improvement Program (CQI Program) - methods of evaluation that are composed of structure, process, and outcome evaluations which focus on improvement efforts to identify root causes of problems, intervenes to reduce or eliminate these causes, and take steps to correct the process and recognize excellence in performance and delivery of care.

IV. POLICY

- A. The County of SLO EMS Agency (EMS Agency) will:

1. Develop and implement, in cooperation with other EMS system participants, a system-wide written CQI Plan (attachment A), as defined in Title 22, Division 9, Chapter 12. This plan will include indicators, which address, but are not limited to, the following:

- a. Personnel
- b. Equipment and Supplies
- c. Documentation
- d. Clinical Care and Patient Outcome
- e. Skills Maintenance/Competency
- f. Transportation/Facilities
- g. Public Education and Prevention
- h. Risk Management

2. Establish and facilitate a system-wide comprehensive quality assessment and improvement program. The program will include, but is not limited to, the following activities:

- a. Regularly scheduled CQI Committee meetings
 - (1) The CQI Committee must be multidisciplinary and include representatives from all levels (ALS and BLS) of field prehospital personnel both public and private, air transport agencies, emergency

medical dispatch, base hospitals, Specialty Care Centers, and EMS Agency staff/personnel.

(2) The Chair of the Emergency Medical Care Committee (EMCC) will approve a CQI Committee Chairperson. The term of service will be two (2) years.

(3) Patient, provider and base hospital confidentiality will be strictly maintained at all times during the CQI process. A Confidentiality agreement will be signed at the beginning of each meeting by all participants

b. Ensures each provider and base hospital complies with reporting and other quality assessment requirements as specified or determined in Title 22 Division 9, Chapter 12, and the EMS Agency CQI Plan.

c. Ensures each provider and base hospital submits a CQI plan to the EMS Agency for approval.

d. Ensures each provider and base hospital conducts an annual review of their own individual CQI plan and submits any changes to the EMS Agency for approval.

e. Review provider and base hospital CQI plans every five years

B. EMS service providers will:

1. Develop and implement, in cooperation with other EMS system participants, a provider-specific written CQI program, as defined in Title 22, Division 9, Chapter 12, and the EMS Agency CQI Plan. Such programs must include indicators, which address, but are not limited to, the following:

- a. Personnel
- b. Equipment and Supplies
- c. Documentation
- d. Clinical Care and Patient Outcome
- e. Skills Maintenance/Competency
- f. Transportation/Facilities
- g. Public Education and Prevention
- h. Risk Management

2. Review the provider-specific CQI Program annually for appropriateness to the operation of the provider and revise as needed.

3. Participate in the EMS Agency CQI Program that may include making available mutually agreed upon relevant records for program monitoring and evaluation.

4. Develop, in cooperation with appropriate personnel/agencies, an action plan for performance improvement when the EMS CQI Program identifies a need for improvement. If the area identified as needing improvement includes system clinical issues, coordination and consultation are required with the provider and the EMS Agency.

5. Provide the EMS Agency with an annual update, from date of approval and annually thereafter, on the provider CQI Program. The update must include, but not be limited to; a summary of how the provider's CQI Program addressed the program indicators.

C. Base Hospitals will:

1. Develop and implement, in cooperation with other EMS system participants, a hospital-specific written EMS CQI program, as defined in Title 22, Division 9, Chapter 12, and the EMS Agency CQI Plan. Such programs must include indicators which address, but are not limited to, the following:

- a. Personnel
- b. Equipment and Supplies
- c. Documentation
- d. Clinical Care and Patient Outcome
- e. Skills Maintenance/Competency
- f. Transportation/Facilities
- g. Public Education and Prevention
- h. Risk Management

2. Review the hospital-specific EMS CQI Program annually for appropriateness to the operation of the base hospital and revise as needed.

3. Participate in the EMS Agency CQI Program that may include making available mutually agreed upon relevant records for program monitoring and evaluation.

4. Develop, in cooperation with appropriate personnel/agencies, an action plan for performance improvement when the EMS CQI Program identifies a need for improvement. If the area identified as needing improvement includes system clinical issues, coordination and consultation are required with the base hospital and the EMS Agency.

5. Provide the EMS Agency with an annual update, from date of approval and annually thereafter, on the base hospital EMS CQI Program. The update must include, but not be limited to; a summary of how the hospital's EMS CQI Program addressed the program indicators.

V. PROCEDURE

A. Review Process

1. The first efforts to resolve conflicts should occur on a peer-to-peer level. If the issue is a timely patient care conflict, the base station physician should be consulted. If the issue remains unresolved at the peer-to-peer level, an Opportunity for Improvement Form/Incident Report Form (Attachment C of the EMS Agency Plan) should be forwarded to the provider's CQI representative. The CQI representative will then determine the need to do any of the following:

- a. Resolve the issue at the provider level
- b. Resolve the issue with the other involved provider(s)

- c. Report system-wide implications to CQI Committee/EMS Medical Director
 - d. Handle inter-county issues
 - e. Identify and report any protocol, policy or emergency medical dispatch issues
 - f. Identify and manage and/or report any equipment issues
2. Opportunity for Improvement Form (Attachment C of the EMS Agency Plan) - any opportunity for improvement or patient care issue should be placed on the "Opportunity for Improvement Form"/Incident Report. All reports and additional contents are considered confidential documents and should not become part of, or referenced in, the PCR or First Responder Report. The Opportunity for Improvement Form/Incident Report must be submitted to the provider CQI representative.
 3. Reporting - All appropriate unresolved issues, mandatory requirements or issues with system-wide implications in patient care must be reported to the EMS Agency in a timely manner (Attachment B of the EMS Agency Plan – CQI Flow Chart).
 4. CQI Representative - Each provider and base hospital must designate a representative who will receive and review all opportunities for improvement related to their personnel.
 - a. Any individual, provider or base hospital that discovers or becomes aware of an opportunity for improvement will inform the appropriate designated representative who will notify involved personnel after following the above guidelines.
 - b. The designated representative is responsible for the identification and resolution of opportunities for improvement in a timely manner.
 - c. The EMS Agency Medical Director shall be notified of any reports within 72 hours of receiving any preliminary report of an opportunity for improvement.
 - d. The designated representative will maintain detailed documentation.
 - e. The designated representative will provide useful feedback to personnel.
 5. The designated representative must forward to the EMS Agency, within 72 hours, all opportunities for improvement, which may involve the California Health and Safety Code, Division 2.5, Section 1798.200 and/or Title 22 of the California Code of Regulations. Section 1798.200 states... "Any of the following items will be considered evidence of a threat to public health and safety and may result in denial, suspension, or revocation of a certificate issued under this division or placement on probation of a certificate holder" including:
 - a. "Fraud in the procurement of any certificate under this division."
 - b. "Gross negligence."
 - c. "Repeated negligent acts."
 - d. "Incompetence."
 - e. "The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions and duties of prehospital personnel."

- f. "Conviction of any crime which is substantially related to the qualifications, functions, and duties of prehospital personnel. The record of conviction or certified copy of the record shall be conclusive evidence of such conviction."
- g. "Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, conspiring to violate, any provision of this division or regulations adopted by the authority pertaining to prehospital personnel."
- h. "Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances."
- i. "Addiction to the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances."
- j. "Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license or certification."
- k. "Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired."

6. In cases involving paramedics, the EMS Agency Medical Director may temporarily suspend the license in the case of a threat to the public health and safety and forward the case to the California EMS Authority for further action.

B. Counseling and Remediation

1. Counseling and remediation are an important aspect of the quality improvement process and include, but are not limited to:

- a. Recognition, reward and reinforcement
- b. Case review and counseling on specific issues with focused QI review to monitor for recurrence over a specified period of time
- c. Didactic courses
- d. Supervised clinical time with a written outcome summary
- e. Didactic remediation with case scenario
- f. Topic oriented research
- g. Development of in-service or written paper on a specific topic with supervised review
- h. Patient Care Record (PCR) and/or medical dispatch record review with a supervised written summary
- i. Focused quality improvement review of ongoing care, including but not limited to, PCR review, field observation and tape review

2. Recurrence of issues at any level may require increased counseling, monitoring, and/or remediation.

- a. A written remediation agreement with the involved individual(s) may include, but not be limited to:

- (1) Identification of the specific opportunity to improve
 - (2) Identification of specific written future expectations including the expected time frames for successful completion
 - (3) Consequences for failure to comply
 - (4) Signature of involved personnel on the written agreement
 - (5) Timelines for resolution and conclusion
3. System-wide issues may be referred to the appropriate EMS Agency committee(s) for assistance in resolving the issue.

VI. AUTHORITY

- Title 22 Division 9, Chapter 12
- Health and Safety Code Sections 1797.103, 1797.107, 1797.174 and 1797.176.
- Reference: Health and Safety Code Sections 1797.94, 1797.174, 1797.202, 1797.204, 1797.220, and 1798.

VII. ATTACHMENTS

- A. County of San Luis Obispo Emergency Medical Services Agency Continuous Quality Improvement Plan
- B. CQI Review Process – Flow Chart
- C. Opportunity For Improvement/Incident Report Form