

POLICY MEMORANDUM 2203

DATE: 10/23/98

APPROVED BY: _____
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SUBJECT: QUALITY IMPROVEMENT PLAN – EMT-P SERVICE PROVIDER

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

PURPOSE/POLICY:

To establish specific Q. I. requirements for the EMT-P Service Provider components of the Solano EMS System (ALS Ambulance Services and/or ALS non-transporting First Responders).

I. INTRODUCTION

- A. Each EMT-P Service Provider shall have a written agreement to participate in the County’s ALS program and to comply with all applicable State Regulations and local Policies and Procedures including participation in the Local EMS Agency’s Q. I. System.
- B. EMT-P Service Providers shall have and maintain a comprehensive Quality Improvement Program that is approved by the LEMSA, designed to interface with the Local EMS Agency’s Quality Improvement Program

II. GOALS

- A. Delivery of optimal pre-hospital care.
- B. Assure optimum clinical and field performance of caregivers within the provider’s EMS system.

III. OBJECTIVES

- A. High quality care.
- B. Consistency in treatment by individuals within the provider organization.
- C. Open, honest dialogue among EMS providers, base hospitals and SEMSC.
- D. Accurate data collection.
- E. Individual and system improvement plan, 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 will have active involvement in the committee process.

IV. EMT-P SERVICE PROVIDER QUALITY IMPROVEMENT ACTIVITIES

The EMT-P Service Provider shall have one currently California licensed physician, registered nurse, or EMT-P employed to implement and supervise their on-going Quality Improvement Plan. Individuals currently serving in the role of the Q. I. Coordinator as of October 15, 1998 will be permitted to continue in their role. This individual (Q. I. Coordinator) shall be approved by the Local EMS Agency and will insure the following functions at a minimum occur:

- A. Audits of pre-hospital calls that will include, but will not be limited to, the following:
 - 1. Random sampling of calls to audit the elements established by the CQI Committee.
 - 2. All calls where patients were examined by responding EMT/EMT-P's but resulted in non-transport to a medical facility.
 - 3. Patient contact by Air Ambulance/Rescue provider.
 - 4. All Mass Casualty Incidents and Hazardous Materials Incidents.
 - 5. Deviation from protocols for patients who present pulseless and apneic, specifically pertaining to SEMSC Policy #6150 and #6160.
 - 6. Unexpected deterioration of a patient while enroute to a receiving hospital.
 - 7. All calls requiring use of Specialized Procedures also to include patients that are intubated.
 - 8. All calls where scene and transport times are beyond established criteria.
 - 9. All unsuccessful intubations.
 - 10. All calls involving ALS intervention where Base Contact was not made.
 - 11. Specific review of a call as requested by the local EMS Agency, Base Hospital or the provider.
- B. Summary reports are to be submitted prior to the thirtieth (30th) day of the following month to the EMS Agency and appropriate Base Hospital.. ALS providers can use an

approved EMT-P Service Provider Audit Form (Attachment 1) or an approved equivalent to review Patient Care Reports. The Local EMS Agency will, with reasonable notice, perform periodic on-site evaluations of audit forms and pre-hospital care records.

- C. Investigations of unusual occurrences as referred by the EMS Agency shall take no longer than ten (10) days and/or a mutually agreed time interval. The results shall be reported directly back to the EMS Agency.
- D. Monthly review of pre-hospital medical records to insure that PCR's are completed correctly and medical records are appropriately distributed. At a minimum, the review shall include EMS-MIS productivity reports documenting the minimum data elements required to be present on the PCR.
- E. Monitoring the success rate of each EMT-P of the following medical procedures:
 - 1. Intubation.
 - 2. Intravenous lines.
- F. Perform orientations for new MET-1's and EMT-P's employed by the Service Provider, and submit an orientation form (Policy #3600) signed by orientor and orientee.
- G. Assure attendance of appropriate personnel at CQI and PCC meetings as required by the EMS Agency.
- H. Review unit activation, dispatch and response time intervals, investigate all performance failures, and submit findings to the EMS Office weekly for each case that is identified as beyond the threshold of performance expectation.
- I. Other Q. I. requirements established by the EMS Agency Medical Director.
- J. The EMT-P Service Provider shall notify the EMS Agency in writing of changes in the Q. I. Coordinator position with two (2) weeks advance notice.

V. TRAINING/EDUCATION/CERTIFICATION/ACCREDITATION

- A. Record Keeping – The EMT-P Service Provider shall maintain records of current required certificates / licenses and mandatory training programs for its EMT-1 and EMT-P employees.
- B. Field Care Audits – The EMT-P Service Provider shall cooperate with the Base Hospitals and the EMS Agency in their role with field care audits.
- C. Mandatory Education for local EMT-P Accreditation – EMT-P Service Providers will notify EMT-Ps of mandatory education programs.
- D. Personnel Investigation by EMS Agency – EMT-P Service Providers will cooperate fully with the Solano EMS Agency in any investigation involving the Service Provider in accordance with Policy #2310 and the California Health and Safety Code.
- E. Certification – All EMT-Ps employed by EMT-P Service Provider shall maintain Basic and Advanced Cardiac Life support (ACLS) recognition certification based upon guidelines set forth by the JAMA.

VI. MANAGEMENT INFORMATION SYSTEM (MIS)

EMT-P Service Provider shall have and maintain an EMS Management Information System database compatible with and approved by the Solano EMS Agency. At a minimum, the Q. I. Coordinator will be the assigned liaison with the EMS Agency for MIS.

- A. The data system must have the capability to generate an array of routine and special reports as specified by the Solano EMS Agency.
- B. Provision must be made to permit secure electronic transfer of data from Providers' computer system to the IBM compatible computers at the Local Emergency Medical Services Agency.
- C. The minimal statistical data to be maintained by the EMT-P Service Provider's Management Information System (MIS) are the mandatory data elements of the Solano PCR and other data elements that may be required by the EMS Medical Director.
- D. Productivity Reports. ALS Service Providers servicing Solano County shall submit the following Q. I. products and necessary statistical data on a monthly basis (unless otherwise indicated) to the EMS Office or appropriate hospital.
 1. EMS copies of PCR's and electronic transfer of the previous PCRs entered in the provider's MIS. Submission of the previous month shall be submitted no later than the thirtieth (30th) day of the following month.
 2. Receiving hospital copies of the ambulance PCR (**immediately, no later than 24 hours**).
 3. Base hospital copies of the ambulance PCR (**immediately, no later than seven (7) days**).
 4. Response time performance failure reports within three (3) days of the incident.
 5. Unusual occurrence submitted by the EMS Agency **within 7 days of receipt of the said notification, unless by mutual agreement between Q. I. staff and EMS staff that a different time interval is needed.**
