

Subject: Administration – Quality Assurance  
**Continuous Quality Improvement (CQI)**

Associated Policies: 2100's, 3000's, 4000's

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- I. Authority and Reference (incorporated herein by references)
  - A. Division 2.5 of Health and Safety Code
  - B. California Code of Regulations, Title 22
  - C. North Coast EMS Policies and Procedures
  - D. State Emergency Medical Services Authority
  - E. JCAHO Regulations for Health Care
  
- II. Purpose

To provide a standardized approach for quality improvement activities for providers, base hospitals and others involved in providing prehospital care in the North Coast Emergency Medical Services region.
  
- III. Procedure
  - A. Much has been written about the movement from quality assurance as a measurement tool to quality improvement as a process. Continuous Quality Improvement (CQI), Total Quality Management (TQM), Quality Improvement (QI), etc., are some of the commonly known terms used to refer to this process. For the sake of standardization, the term “CQI” will be utilized by North Coast EMS.
  - B. One of the biggest challenges in moving from quality assurance to CQI is to change the culture of the organization/system from one of finding deficiencies and “fixing” the person, to that of looking at the process and creating the culture in which it is all right to point out problems and make mistakes. It is called teamwork and is essential to the purpose of this policy.
  - C. Part of the challenge in implementing CQI in the emergency medical services setting is balancing the need to provide an environment designed to improve quality and not injure the public. A vital key to success is recognizing the difference between problems and performance issues. It is the responsibility of each participant in the emergency medical services system to help identify those differences and take appropriate action.
  - D. CQI is difficult to define and even more difficult to contain in a few sentences. The CQI model in use throughout the North Coast EMS region includes, but is not limited to, the following elements:
    1. Prospective Elements
      - a. Mission/vision/goals
      - b. Hiring practices (competency standards)
      - c. Policies and Procedures
      - d. Training/field training/re-training

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- e. Confidentiality/security
- 2. Input Elements
  - a. Customer satisfaction
  - b. Agency interaction
  - c. Sentinel events/unusual occurrences
  - d. Data
- 3. Measurements
  - a. Patient outcomes
  - b. Data
    - 1) PCR review, tape review
    - 2) statistical data
    - 3) relevant criteria
  - c. Evaluation of performance
    - 1) general (i.e., annual employee evaluation)
    - 2) case review
    - 3) focused audit
    - 4) peer review or equivalent
    - 5) relevant, just, and timely remediation

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Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Approved as to Form: \_\_\_\_\_ Date: \_\_\_\_\_