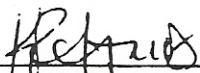


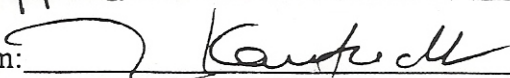
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- I. Authority and Reference (incorporated herein by references)
 - A. Division 2.5 of Health and Safety Code
 - B. California Code of Regulations, Title 22
 - C. North Coast EMS Policies and Procedures
 - D. State Emergency Medical Services Authority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

- II. Purpose
To provide a standardized approach for quality improvement activities by providers and base hospitals involved in providing prehospital care in the North Coast Emergency Medical Services region. To ensure that paramedics maintain continuous accreditation by meeting local requirements for updates in local policy, procedure, protocol and local optional scope of practice and continue to meet requirements of the North Coast EMS CQI policies.

- III. Procedure
 - A. The proper and lefal functioning of the North Coast EMS region requires the full and active CQI involmment of providers and hospitals.
 - B. Goals of the providers and hospitals must be consistent with the regional CQI program and include, but are not limited to:
 - 1. Promote increased knowledge and improved performance.
 - 2. EMS system review and input.
 - 3. Support the professional growth of prehospital and hospital staff.
 - 4. Regularly review the CQI plan.
 - C. Confidentiality: Hospitals and providers must have standard confidentiality policies in place. All participants in the review of medical records and/or personnel information, for the purpose of quality improvement will be educated to the confidentiality requirement of the agency and will be asked to sign a confidentiality pledge. Any violation of this code of confidentiality will result in immediate termination of participation in CQI activities by the individual(s) involved. Refer to Policy #2110 *Quality Assurance Committee*.
 - D. Hiring practices of each provider or hospital withing the North Coast EMS region are outlined by each provider/hospital and include provisions for the evaluation of competency, skills, and/or experience.
 - E. EMS policies and procedures are developed, reviewed and revised by providers, hospitals, agency staff and interested others. Provider/hospital staff is given the opportunity to comment and give suggestions prior to

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implementation or revision. In addition, each provider/hospital must show evidence of a process to develop, review and revise their own policies.

- F. Training and continuing education of provider and hospital staff are essential components of the CQI process. As per provider and hospital agreements, hospitals/providers must evaluate basic skills to establish individual competency. Refer to policies numbered in the 3000's for training policies that apply to all classifications of personnel involved in prehospital care. In addition to the licensing requirements for the professional, standards have been set by the State and/or North Coast EMS to provide for continuing education (CE) approved by an EMS agency. Regional providers, hospitals or other agencies may apply to be a North Coast EMS approved CE provider. Continuing education/training may focus on skill needs, state or regulatory requirements, staff identified needs or system deficiencies.
- G. Field training for EMT-II's or EMT-P's is to be done by authorized Field Training Officers (FTO's) only.
- H. Re-training may be offered by providers/hospitals to meet several needs, which include, but are not limited to those times when:
 - 1. Clinical standards change and require re-training of all provider/hospital staff.
 - 2. A process is identified by CQI that identifies general re-training as a potential solution to a problem.
 - 3. An individual's knowledge and/or skills are found to be insufficient (refer to remediation policy).It is the responsibility of each provider or hospital to provide re-training, and participation is voluntary (unless mandated by provider/base hospital/North Coast EMS agreements for training or re-training of clinical standards).
- I. Remediation/Discipline: CQI staff and volunteers have no disciplinary authority; however, by California state law, the Medical Director of North Coast EMS does have this authority. Referral to North Coast EMS for remediation or discipline occurs if the employer remediation/disciplinary process fails.
 - 1. Remediation of personnel is not appropriate for faults with the system or process. Remediation should always occur at the lowest level. The responsibility for remediation lies with the employer.
 - 2. If a performance deficiency exists, and has not had satisfactory resolution through remediation (i.e., retraining, counseling, etc.); and/or if EMT-I's, EMT-II's, EMT-P's or MICN's are uncooperative and refuse to participate; and/or if incidents reach

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Level III; and if the employer wishes to continue the active status of such an individual, North Coast EMS remediation/discipline will proceed as outlined in Policy #2104, Addendum, *Case Review*. The employer, either hospital or provider, maintains the right to determine continued employment or termination, by their own personnel policies.

3. All remediation/discipline is to be timely and just.
 4. If North Coast EMS remediation is unsuccessful, discipline will occur, up to and including loss of certification or license. Due process is to be used and the most current guidelines or regulations from the California EMS Authority are to provide the framework for this process.
 5. All acts of discipline involving North Coast EMS will have closure, as mutually agreed upon by provider, medical staff and North Coast EMS.
- J. Performance evaluations, on a regular basis, are required for both provider and hospital staff. Each employer is to have a mechanism for regular, on-going evaluation of performance and competency of their personnel. For hospitals, the prehospital component must be part of this evaluation process. Compliance will be reviewed at site visits of the providers/hospitals.
- K. Peer review is consistent with the principles of CQI and should be utilized in the performance evaluation of personnel. There are many ways to obtain this peer review and the system can be formal or informal. Evidence of this process will be evaluated annually at the site visits of the providers and the base hospitals.
- L. Recertification: It is through standardization of requirements for recertification that the clinical standard of care is maintained within the region; this is a North Coast EMS responsibility. Assuring that employees are kept current in their recertification process is the shared responsibility of both the employees and the employers. It is evaluated at the annual site visits.
- M. Customer Satisfaction: Customers of this region include all people living in or visiting the area. Each provider/hospital is to identify their own customers and identify an on-going method to evaluate customer satisfaction. This satisfaction survey is to be conducted in such a way as to provide reasonably reliable data; however, the hospital or provider may define a "Customer Satisfaction Survey." A summary of customer satisfaction reports are part of each provider/hospital's annual report to the QA Committee.

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- N. Agency Interactions: Communication is core to the improvement of any process. Therefore, the interactions between agencies within the region are critical to the CQI process. Each provider and hospital is to identify a liaison. The hospital liaison is the PCNC. Communication with North Coast EMS and other providers is a primary responsibility of the liaison. For example, the provider and the hospital liaisons are to work together on QI activities. CQI is a vital role of the liaison, and may be filled by more than one person. More details of these roles and responsibilities are included in other policies (refer to policies numbered in the 2100's of the North Coast EMS Policy and Procedure manual).
- O. Case Reviews: These reports are to be completed in order to identify opportunities to improve, or in the case of any unusual occurrence. This may be related to equipment, process or personnel issues. All incidents involving deviation from normal protocol must be reported as an unusual occurrence. ANYONE can complete a report form and send it to North Coast EMS (refer to Policy and Procedure #2104). All reports will be investigated as outlined in Policy #2104, Addendum, entitled *QA/UO Review Process*. There will be an opportunity for the initiating personnel to identify whether this incident is for information only, or for North Coast EMS QA Committee review, and if the initiator would like feedback on the event or occurrence. In addition, the North Coast EMS staff may elect to refer unusual occurrences to QA Committee. A summary of these reports will be submitted semi-annually to the QA Committee for the express purpose of evaluating quality of care and exploring opportunities for improvement (refer to North Coast EMS Policy and Procedure #2110).
- P. Data. It is the responsibility of the providers/hospitals to obtain and present data for CQI analysis. Standard graphing tools should be utilized when possible. Medical records, PCR's, tapes, coroner's reports, billing information, dispatch information and the results of brainstorming relevant criteria are other possible sources of data. Analysis of this data for CQI is also the responsibility of the provider/hospital.
- Q. Patient Outcomes: An essential element of any CQI program is the examination of the outcome of the process. Providing patient care is the primary process for which the providers/hospitals exist; therefore, it is essential that outcomes be examined. Patient outcome data can be obtained from:
 - 1. Base hospitals, alternate base hospitals, receiving hospitals
 - 2. Physicians
 - 3. Coroners
 - 4. Other EMS agencies

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- R. Relevant Criteria: The PCNC's and providers will work together to develop criteria for PCR and tape review. These are to be based on opportunities that have been identified for improvement. Criteria that have been selected will be reviewed annually at the site visits of the providers and the base hospitals. Evidence of a joint process for the selection of the criteria will also be reviewed.
1. PCR reviews are an important data source. Much information can be obtained from them if they are:
 - a. completed correctly;
 - b. completed in a timely manner;
 - c. reviewed appropriately.Guidelines for their review are outlined in Policy #2106, *Chart Audit Guidelines* and Policy #2103, *Reporting Guidelines*. Whenever possible, they are to be reviewed with an eye toward improving patient care, not toward finding fault or criticizing prehospital care personnel.
 2. Tape Review: Again, tape review is an important data source. Much information can be obtained from them if they are:
 - a. reviewed correctly;
 - b. reviewed in a timely manner;
 - c. reviewed appropriately.Guidelines for their review are outlined in Policy #2107, *Tape Audit Guidelines*. Whenever possible, they are to be reviewed with an eye toward improving patient care, not toward finding fault or criticizing prehospital care personnel.
- S. Focused audits may be performed whenever it is necessary to gather data about the performance of an individual agency or facility. A focused audit can also be topic specific. While this is NOT the primary focus of the CQI process, both hospitals and providers may find it useful data. A focused audit is most constructive if done from both hospital and provider points of view.
- IV. Documentation
- A. Hospitals and providers will prepare an annual QA report to present to the North Coast EMS QA Committee.
 - B. The North Coast EMS personnel charged with the activities of the CQI program are to annually report to the JPA Governing Board.
 1. The CQI policy will provide the basis for that report and should contain all essential elements of this CQI program.

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2. Included in the report will be the annual CQI plan for North Coast EMS. As the local governing board, the JPA Governing Board will have an opportunity to comment and input into the CQI process.

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