

I. **Authority:** Health and Safety Code, Division 2.5, Sections 1797.204, 1797.220, 1798, 1798.100 and 1798.102.

II. **Purpose:** To identify primary responsibilities of all participants in the County of San Diego's EMS system for achievement of optimal quality of prehospital care for patients who access the system.

III. **Definition(s):**

Emergency Medical Services System Quality Improvement Program (EMS QI)

Methods of evaluation that are composed of structure, process, and outcome evaluations that focus on improvement efforts to:

1. Identify root causes of problems
2. Intervene to reduce or eliminate these causes
3. Take steps to correct the problems.
4. Recognize excellence in performance and delivery of care.

IV. **Policy:**

A. The Health and Human Services Agency, Division of Emergency Medical Services (EMS) shall:

1. Develop and implement, in cooperation with other EMS system participants, a system-wide, written EMS QI plan.
2. Review the system EMS QI program annually for appropriateness to the system and revise as needed.
3. Develop, in cooperation with appropriate personnel/agencies, a performance improvement action plan when the EMS QI program identifies a need for improvement.
4. Provide the EMS Authority with an annual update of QI program activities.

B. EMS Service Providers shall:

1. Develop and implement, in cooperation with other EMS System participants, a provider-specific, written EMS QI plan.
2. Review the provider specific EMS QI program annually for appropriateness to the operation of the of the EMS provider and revise as needed.
3. Participate in the local EMS agency's EMS QI Program that includes making available mutually agreed upon, relevant records for program monitoring and evaluation.
4. Develop in cooperation with appropriate personnel/agencies, a performance improvement action plan when the EMS QI Program identifies a need for improvement.

C. Paramedic Base Hospitals shall

1. Develop and implement, in cooperation with other EMS System participants, a hospital-specific, written EMS QI program.
2. Review the provider specific EMS QI program annually for appropriateness to the operation of the of the base hospital and revise as needed.

Approved:



Administration



EMS Medical Director

**COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES
POLICY/PROCEDURE/PROTOCOL
SUBJECT: EMS SYSTEM QUALITY IMPROVEMENT**

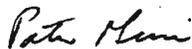
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3. Participate in the local EMS agency's EMS QI Program that includes making available mutually agreed upon, relevant records for program monitoring and evaluation.
4. Develop in cooperation with appropriate personnel/agencies, a performance improvement action plan when the EMS QI Program identifies a need for improvement.

D. Agreements:

1. The County of San Diego, Division of EMS shall maintain agreements with Base Hospitals and EMS service providers requiring, but not limited to,
 - a. compliance with all the provisions listed in the California Code of Regulations, Title XXII, Division 9
 - b. compliance with all County of San Diego, Division of EMS system policies, procedures and protocols.
 - c. Reporting of significant issues in medical management to the EMS Medical Director.
 1. Incidents in which medications or treatments are provided which are outside approved treatment protocols, shall be reported to the EMS QI Program through the Base Hospitals or Provider Agencies in a timely manner. These incidents will also be reported at the Prehospital Audit Committee.
 2. Actions outside of the scope of prehospital personnel and actions or errors resulting in untoward patient effects, such as errors in the administration of medications, invasive procedures, defibrillation/cardioversion, or other patient treatments, shall be reported to the EMS Medical Director, within 48 hours.
2. These agreements shall provide the authority for the EMS Division to:
 - a. Perform announced and unannounced site surveys of Base Hospitals and EMS provider agencies.
 - b. Review patient care records necessary to investigate medical QI issues
3. Additionally the Division of EMS shall:
 - a. Support regional QI committees (not limited to Prehospital Audit Committee, Medical Audit Committee).
 - b. Attend Base Hospital/Agency Meetings.
 - c. Periodically monitor prehospital continuing education offerings
 - d. Perform random audits of prehospital patient records.
 - e. Develop and implement internal mechanisms to monitor, identify, report and correct, quality issues.
4. Reporting of significant issues in medical management to the EMS Medical Director:
 - a. Incidents in which medications or treatments are provided which are outside approved treatment protocols shall be reported to the regional QIP system shall be reported by the Base hospital or Agency personnel in a timely manner, through the Prehospital Audit Committee.
 - b. Actions that are outside of the scope of practice of prehospital personnel, and actions or errors resulting in actual or potential untoward patient outcomes, shall be reported to the EMS Medical Director within 48 hours.

Approved:



Administration



EMS Medical Director