

**Chapter: COUNTY OF SAN DIEGO EMERGENCY MEDICAL SERVICES**  
**Key Words: Policy/Procedure/Protocol**

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**SUBJECT:** EMS System Quality Improvement

**POLICY NO:** S-004

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**DATE:** January 1, 2005

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

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## I. PURPOSE

To identify primary responsibilities of all participants in the County of San Diego, Emergency Medical Services (CoSD EMS) system for achievement of optimal quality of prehospital care for patients who access the system.

## II. BACKGROUND

### A. Definitions

Emergency Medical Services  
Quality Improvement Program  
(EMS QI):

Methods of evaluation that are composed of structure, process, and outcome evaluations that focuses 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

## III. POLICY

### A. CoSD EMS shall:

1. Develop and implement, in cooperation with other EMS system participants, a system-wide written EMS QI plan.

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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 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 Base Hospital 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.

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**D. Agreements**

1. The CoSD 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 22, Division 9
  - b. Compliance with all CoSD EMS system policies, procedures, and protocols
  - c. Reporting of significant issues in medical management to the CoSD 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 CoSD EMS Medical Director, within 48 hours.
2. These agreements shall provide the authority for the CoSD 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, CoSD EMS shall:
  - a. Support regional QI committees (not limited to Prehospital Audit Committee and 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 CoSD EMS Medical Director:

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- a. Incidents in which medications or treatments are provided which are outside approved treatment protocols shall be reported to the Regional QI program system and 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 CoSD EMS Medical Director within 48 hours.