

## **QUALITY IMPROVEMENT RESPONSIBILITIES - GENERAL GUIDELINES**

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1. The EMS Agency shall establish and facilitate a systemwide quality improvement program to monitor, review, evaluate and improve the delivery of prehospital care services.
  - 1.1 The program shall involve all system participants and
  - 1.2 shall include, but not be limited to the following activities:
    - 1.2.1 Prospective - designed to prevent potential problems.
    - 1.2.2 Concurrent - designed to identify problems or potential problems during the course of patient care.
    - 1.2.3 Retrospective - designed to identify potential or known problems and prevent their recurrence.
    - 1.2.4 Reporting/Feedback - all quality improvement activities will be reported to the EMS Agency in a manner to be jointly determined. As a result of Q.A. activities, changes in system design may be made.
2. Each agency shall submit a Quality Improvement plan, based on the appropriate policy (2255 - 2280), to the EMS Agency for approval. The timeframe for submission will be determined by the EMS Agency.
3. Appropriate revisions shall be made as requested by the EMS Agency.
4. Each agency shall conduct an annual review of their Q.A. plan and submit any changes or alterations to the EMS Agency for approval.
5. The EMS Agency will evaluate the implementation of each agency's Q.A plan annually and request appropriate revisions as needed.

## **QUALITY IMPROVEMENT RESPONSIBILITIES - EMS**

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Authority: Division 2.5 of the Health and Safety Code, Chapter 4.

1. Prospective

- 1.1 Comply with all pertinent rules, regulations, laws and codes of Federal, State and County applicable to emergency medical services.
- 1.2 Coordinate prehospital quality improvement committees.
- 1.3 Plan, implement and evaluate the emergency medical services system including public and private agreements and operational procedures.
- 1.4 Implement advanced life support systems and limited advanced life support systems.
- 1.5 Approve and monitor prehospital training programs.
- 1.6 Certify/authorize prehospital personnel.
- 1.7 Establish policies and procedures to assure medical control, which may include dispatch, basic life support, advanced life support, patient destination, patient care guidelines and quality improvement requirements.
- 1.8 Facilitate implementation by system participants of required Quality Improvement plans.
- 1.9 Design reports for monitoring identified problems and/or trends analysis.
- 1.10 Approve standardized corrective action plan for identified deficiencies in prehospital and base hospital personnel.

2. Concurrent

- 2.1 Site visits to monitor and evaluate system components.
- 2.2 On call availability for unusual occurrences, including but not limited to:
  - 2.2.1 Multicasualty Incidents (MCI)
  - 2.2.2 Ambulance Diversion.

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**QUALITY IMPROVEMENT RESPONSIBILITIES - EMS *continued***

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3. Retrospective
  - 3.1 Evaluate the process developed by system participants for retrospective analysis of prehospital care.
  - 3.2 Evaluate identified trends in the quality of prehospital care delivered in the system.
  - 3.3 Establish procedures for implementing the Certificate Review Process for prehospital emergency medical personnel.
  - 3.4 Monitor and evaluate the Incident Review Process.
4. Reporting/Feed-back
  - 4.1 Evaluate submitted reports from system participants and make changes in system design as necessary.
  - 4.2 Provide feedback to system participants when applicable or when requested on Quality Improvement issues.
  - 4.3 Design prehospital research and efficacy studies regarding the prehospital use of any drug, device or treatment procedure where applicable.

## **QUALITY IMPROVEMENT RESPONSIBILITIES - DISPATCH**

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1. Prospective
  - 1.1 Participation on committees as specified by the EMS Agency.
  - 1.2 Education
    - 1.2.1 Orientation to the EMS system
    - 1.2.2 Continuing education activities to further the knowledge base of the dispatcher, to include but not limited to:
      - 1.2.2.1 tape review
      - 1.2.2.2 educational programs based on problem identification and trend analysis
      - 1.2.2.3 Discussion of selected calls
    - 1.2.3 Participation in certification and training of the EMD
    - 1.2.4 Establish procedure for informing all EMDs of system changes
  - 1.3 Evaluation - Develop criteria for evaluation of individual EMDs to include, but not limited to:
    - 1.3.1 Tape review or other documentation as available
    - 1.3.2 Evaluation of new employees
    - 1.3.3 Routine
    - 1.3.4 Problem-oriented
    - 1.3.5 Design standardized corrective action plans for individual EMD deficiencies.
  - 1.4 Certification
    - 1.4.1 Initial certification
    - 1.4.2 Recertification
2. Concurrent Activities:
  - 2.1 Establish a procedure for evaluation of EMDs utilizing performance standards through direct observation

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**QUALITY IMPROVEMENT RESPONSIBILITIES - DISPATCH *continued***

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3. Retrospective Analysis
  - 3.1 Develop a process for retrospective analysis of dispatched calls, utilizing audio tape and dispatcher report form, to include but not limited to:
    - 3.1.1 High-risk
    - 3.1.2 High-volume
    - 3.1.3 Problem oriented calls
    - 3.1.4 Any call requested to be reviewed by EMS or other appropriate agency.
    - 3.1.5 Specific audit topics established through the Quality Improvement Committee.
  - 3.2 Develop performance standards for evaluating the quality of care delivered by the EMD through retrospective analysis.
  - 3.3 Participation in the incident review process according to policy #2300.
  - 3.4 Comply with reporting and other quality improvement requirements as specified by the EMS Agency.
  - 3.5 Participation in prehospital research and efficacy studies requested by the EMS Agency and/or the Quality Improvement Committee.
4. Reporting/Feedback
  - 4.1 Develop a process for identifying trends in the quality of dispatch care
    - 4.1.1 report as specified by the EMS Agency
    - 4.1.2 design and participate in educational offerings based on problem identification and trend analysis
    - 4.1.3 Make approved changes in internal policies and procedures based on trend analysis.

## **QUALITY IMPROVEMENT RESPONSIBILITIES - ALS PROVIDER AGENCIES**

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1. Prospective
  - 1.1 Participation on committees as specified by the EMS Agency.
  - 1.2 Education
    - 1.2.1 Orientation to EMS system
    - 1.2.2 Continuing Education
    - 1.2.3 Participate in certification courses and the training of prehospital care providers.
    - 1.2.4 Offer educational programs based on problem identification and trend analysis.
    - 1.2.5 Establish procedure for informing all field personnel of system changes
  - 1.3 Evaluation - Develop criteria for evaluation of individual paramedics to include, but not limited to:
    - 1.3.1 PCR review/Tape review or other documentation as available
    - 1.3.2 Ride-along
    - 1.3.3 Evaluation of new employees
    - 1.3.4 Routine
    - 1.3.5 Problem-oriented
    - 1.3.6 Design standardized corrective action plans for individual paramedic deficiencies
  - 1.4 Certification/Accreditation - establish procedures, Based on Alameda County policies, regarding:
    - 1.4.1 Initial certification/accreditation
    - 1.4.2 Recertification/Continuing Accreditation
    - 1.4.3 BTLS or PHTLS certification
    - 1.4.4 ACLS certification
    - 1.4.5 PALS or PEPP
    - 1.4.6 Preceptor authorization
    - 1.4.7 Other training as specified by the EMS Agency.
2. Concurrent Activities
  - 2.1 Ride-along - Establish a procedure for evaluation of paramedics utilizing performance standards through direct observation
  - 2.2 Provide availability of Field Supervisors and/or Quality Improvement Liaison personnel for consultation/assistance.
  - 2.3 Provide patient information to the base hospital to facilitate obtaining patient follow-up information from receiving hospitals.

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## **QUALITY IMPROVEMENT RESPONSIBILITIES - ALS PROVIDER AGENCIES**

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3. Retrospective Analysis
  - 3.1 Develop a process for retrospective analysis of field care, utilizing PCRs and audio tape (if applicable), to include but not limited to:
    - 3.1.1 High-risk
    - 3.1.2 High-volume
    - 3.1.3 Problem-oriented calls
    - 3.1.4 Any call requested to be reviewed by EMS or other appropriate agency.
    - 3.1.5 Specific audit topics established through the Quality Council.
  - 3.2 Develop performance standards for evaluating the quality of care delivered by field personnel through retrospective analysis.
  - 3.3 Participate in the Incident Review Process according to policy #2300.
  - 3.4 Comply with reporting and other quality improvement requirements as specified by the EMS Agency.
  - 3.5 Participate in prehospital research and efficacy studies requested by the EMS Agency and/or the Quality Improvement Committee.
4. Reporting/Feedback
  - 4.1 Develop a process for identifying trends in the quality of field care.
    - 4.1.1 report as specified by the EMS Agency.
    - 4.1.2 Design and participate in educational offering based on problem identification and trend analysis.
    - 4.1.3 make approved changes in internal policies and procedures based on trend analysis.

**QUALITY IMPROVEMENT RESPONSIBILITIES - BASE HOSPITALS (# 2280)**

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**1. Prospective**

- 1.1 Participation on the Quality Council
- 1.2 Education
  - 1.2.1 Continuing Education activities that are consistent with regulations (Title 22, Chapter 2 and 4).
  - 1.2.2 Offer educational programs based on problem identification and trend analysis.
  - 1.2.3 Participation in the training of prehospital care providers.
  - 1.2.4 Establish procedures for informing Base Hospital personnel of system changes
  - 1.2.5 Establish criteria for offering supervised clinical experience to paramedics.
- 1.3 Evaluation - Develop criteria to evaluate the Base Hospital Physician (BHP) to include, but not limited to:
  - 1.3.1 Evaluation of new employees
  - 1.3.2 Routine calls – tape and written record
  - 1.3.3 Problem oriented calls
  - 1.3.4 Design standardized corrective action plans for individual Base Hospital Physician deficiencies.
- 1.4 Authorization/Training - establish procedures, based on Alameda County policies, for Base Hospital Physicians regarding:
  - 1.4.1 Initial authorization
  - 1.4.2 Maintaining authorization
  - 1.4.3 Training and orientation
- 1.5 Participate in the evaluation of new paramedics, in conjunction with the provider agencies.

**2. Concurrent Activities**

- 2.1 Provide on-line medical control for paramedics within the Alameda County approved scope of practice.
- 2.2 Develop a procedure for identifying problem calls.
- 2.3 Develop internal policies regarding Base Physician involvement in medical control according to Alameda County policies and procedures.
- 2.4 Develop a procedure for obtaining patient follow-up on all Base directed calls.
- 2.5 Develop performance standards for evaluating the quality of on-line medical control delivered by the BHPs through direct observation by the ALS Liaison physician.
- 2.6 Participate in the evaluation of field personnel through ride-along in conjunction with the provider agencies.

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## **QUALITY IMPROVEMENT RESPONSIBILITIES - BASE HOSPITALS (# 2280)**

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### **3. Retrospective analysis**

- 3.1 Develop a process for retrospective analysis of field care and base direction utilizing the BHP record, audio tape, PCR and patient follow-up, to include but not limited to:
  - 3.1.1 High-risk
  - 3.1.2 High-volume
  - 3.1.3 Problem-oriented calls
  - 3.1.4 Those calls requested to be reviewed by EMS or other appropriate agency
  - 3.1.5 Specific audit topics established through the Quality Council.
- 3.2 Perform audits on all calls required by Title 22.
- 3.3 Establish a procedure for ensuring that patient follow-up has been obtained from the receiving hospital on all patients where base contact was made.
- 3.4 Develop performance standards for evaluating the quality of medical direction delivered by the BHPs through retrospective analysis.
- 3.5 Evaluate medical care delivered by prehospital care providers based on performance standards through retrospective analysis.
- 3.6 Participate in the Unusual Occurrence Process according to policy #2300.
- 3.7 Comply with reporting and other quality improvement requirements as specified by the EMS Agency.
- 3.8 Participate in prehospital research and efficacy studies requested by the EMS Agency, Research Committee and/or the Quality Council.

### **4. Reporting/Feed-back**

- 4.1 Develop a process for identifying trends in the quality of medical direction delivered by BHPs.
  - 4.1.1 report as specified by the EMS Agency.
  - 4.1.2 Design and participate in educational offering based on problem identification and trend analysis.
  - 4.1.3 Make approved changes in internal policies and procedures based on trend analysis.
- 4.2 Participate in the process of identifying trends in the quality of field care delivered by Field personnel.
- 4.3 Maintain a trauma log that includes patient follow-up. Send to the EMS Agency monthly.