Continuous Quality Improvement Committee

EMS ADMINISTRATION 606

PURPOSE

I. To establish an advisory committee to the respective medical control committees and the Napa County EMS Agency to monitor, evaluate and report on the quality of out of hospital care.

II. This committee will not address individual performance or practice issues.

POLICY

I. OBJECTIVES

A. Delineate/evaluate scope of care including policies and treatment guidelines.

B. Set up criteria for identifying potential system problems before patient care is compromised.

C. Identify concurrent system problems involving patient care.

D. Develop and recommend to the medical control committees criteria for correcting potential or real problems.

E. Monitor effectiveness of corrective action strategies through re-audit activities.

F. It shall not be the function of this committee to become directly involved in the certification review process of any specific individual as the authority lies with the State EMS Authority or the Napa County EMS medical director or designee (Division 2.5, Section 1798.200 of the Health and Safety Code).

II. CONFIDENTIALITY

A. All proceedings, documents, and discussions of the County CQI Committee are confidential and are covered under sections 1040, 1157.5 and 1157.7 of the Evidence Code of the State of California. All members shall sign a confidentiality agreement not to divulge or discuss information that has been obtained through County CQI Committee membership.

III. MEMBERSHIP GUIDELINES

A. Membership will be assigned from each provider agency or hospital.

B. Each committee member shall be active in quality improvement (QI) within their agency or hospital.

IV. MEMBERSHIP COMPRISAL

A. Membership shall consist of the following:

1. EMS Agency:
    a. Medical director.
    b. Staff member(s).
2. BLS First Responder Provider(s):
    a. One (1) representative (PLO or designee) from each provider agency.
3. ALS First Responder Provider(s):
    a. One (1) representative (PLO or designee) from each provider agency.
4. ALS Ground Ambulance Provider(s):

POLICY

a. One (1) representative (PLO or designee) from each provider agency.

5. Angwin Community Ambulance (ACA).
6. Base Hospital (Queen of the Valley Medical Center – QVMC):
   a. One (1) representative (PLN or designee).
7. Helicopter Providers:
   a. One (1) representative from each helicopter provider.
8. Receiving Hospital(s):
   a. One (1) representative from each facility.
9. Dispatch:
   a. One (1) representative from each EMS dispatch center.

V. SCOPE OF REVIEW

A. Delineate/evaluate scope of care including policies and treatment guidelines.

1. Take an inventory of the most common types of patients served, diagnoses and conditions treated, treatments and activities performed and types of practitioners providing care. This helps assure all aspects of care provided are considered during the evaluation process.
2. This inventory provides a basis for subsequent steps in the monitoring and evaluation process by helping assure that all aspects of the care provided are considered.
3. Utilization statistics collected at the EMS Agency, Dispatch, each facility and EMS provider agency, will help in determining high volume important activities.
4. Identify special cases that may serve to educate or allow the system to develop future contingency plans or changes in policies and/or guidelines.

VI. SENTINEL INDICATORS

A. The following are examples of indicators that may be used on a rotational basis to track trends in out of hospital care:

1. High volume areas-the aspect of care that occurs frequently or affects a large number of patients (e.g., chest pain, dyspnea, seizures).
2. High-risk areas-patients that are at risk for serious consequences or are deprived of substantial benefit if the care is not provided correctly (e.g. STEMI, RAS/AMA, local optional scope of practice [LOSOP] items, SCA management, etc.).
3. The aspect of care has tended to produce problems for prehospital personnel or patients (e.g., MCIs, pediatric patients).
4. Deviations from standards of care (e.g., treatment/procedure variation).
5. Transportation issues (e.g., non-transports, helicopter utilizations, code three (3) transports).
6. Appropriateness of protocol/treatment guideline adherence to specific criteria for a condition or procedure.
7. Adverse patient outcomes-unexpected events.
8. Threshold indicators-from statistical data.