



**FALCON**

**FALCON QUALITY  
IMPROVEMENT PLAN  
(FQIP)**

**2020**

**Falcon Critical Care Transport**

# Falcon Quality Improvement Plan (FQIP)

## TABLE OF CONTENTS

|   | <b>Page</b> |
|---|-------------|
| <b>SECTION I - ORGANIZATION &amp; STRUCTURE DESCRIPTION .....</b> | <b>3</b>    |
| <b>I. ORGANIZATION .....</b>                                      | <b>3</b>    |
| A. Organizational Chart .....                                     | 3           |
| B. Mission Statement .....  | 3           |
| C. Goals of the Falcon Quality Improvement Program .....          | 3           |
| <b>II. STRUCTURE .....</b>  | <b>4</b>    |
| A. CQI Team .....   | 4           |
| <b>III. BLS and CCT SERVICE PROVIDER .....</b>                    | <b>5</b>    |
| A. QUALITY IMPROVEMENT INFORMATION AND DATA REQUIREMENTS .....    | 5           |
| 1. Responsibilities .....   | 6           |
| 2. Annual Reports .....   | 6           |
| B. STAFFING REQUIREMENTS AND RESPONSIBILITIES .....               | 6           |
| 1. Medical Director Guidelines .....                              | 6           |
| 2. Medical Director Responsibilities .....                        | 7           |
| 3. FQIP Coordinator Requirements .....                            | 7           |
| 4. FQIP Coordinator Responsibilities .....                        | 7           |
| C. REVIEW OF PATIENT CARE DATA .....                              | 8           |
| 1. BLS and CCT Run Report Forms .....                             | 8           |
| 2. Concurrent and Retrospective Clinical Review Topics .....      | 8           |
| 3. BLS and CCT Provider Agency Log .....                          | 8           |
| <b>IV. CASE REVIEW FORMS/CASE REVIEW CONFERENCE .....</b>         | <b>9</b>    |
| A. Initiating a Case Review .....                                 | 9           |
| 1. Variance Reporting .....                                       | 9           |
| B. Conducting a Case Review .....                                 | 11          |
| C. Conducting a Case Review Conference .....                      | 11          |
| 1. Responsible Reviewing Party .....                              | 11          |
| 2. Review of Information .....                                    | 12          |
| 3. Plan of Action .....   | 12          |
| 4. Disciplinary Action Needed .....                               | 13          |
| <b>SECTION II - TRAINING AND EDUCATION .....</b>                  | <b>14</b>   |
| <b>SECTION III - ANNUAL UPDATE .....</b>                          | <b>15</b>   |

Attachment A-

# Falcon Quality Improvement Plan (FQIP)

## INTRODUCTION

### SECTION I - STRUCTURE & ORGANIZATIONAL DESCRIPTION

#### I. ORGANIZATION

Falcon Critical Care Transport offers Basic Life Support (BLS), Critical Care Transport (CCT), Gurney Van, and Wheelchair service to the greater bay area. Our leadership team has many decades of combined experience in the transportation and care of patients.

##### A. Organizational Chart

Tyler Coats, EMT- CEO  
Carter Clements, MD- Medical Director  
Brian Johnson, RN- President  
Daryl Hendricks – Vice President of Operations  
Robert Kiefer, RN- Director of Clinical Operations

##### B. Mission Statement

The Falcon Critical Care Transport Promise: Provide and Maintain the Highest Level of Care to all Patients in a Safe Mobile Environment. Promote Honesty and Integrity to Achieve the Highest Ethical Standards.

##### CQI

The CQI mission is to promote the highest level of quality care within Falcon Critical Care Transport and the regions/counties that we serve by providing Continuous Quality Improvement (CQI), education, monitoring tools and anticipatory planning through our Falcon Quality Improvement Program (FQIP).

##### C. Goals of the Falcon Quality Improvement Program (FQIP)

1. Empower Falcon Critical Care Transport providers to consistently provide the highest quality of medical care in the region.
2. Provide leadership and guidance in promoting quality within Falcon Critical Care Transport with the cooperation of EMS providers in an educational and non-punitive environment.
3. Develop leadership to create an acceptance and belief in quality improvement and educate provider management regarding the importance of the commitment to quality improvement within the counties/regions we serve.
4. Provide leadership in developing programs that implement the CQI process by providing high quality training and educational resources.

## Falcon Quality Improvement Plan (FQIP)

5. Develop and provide an atmosphere of encouragement and support that promotes excellence and personal accountability to provider personnel in all levels of management and field staff.
6. Create consistencies within the FQIP to maximize efficiency and effectiveness.
7. Promote rapid and appropriate quality treatment of all patients regardless of economic or social status in the quickest and most efficient manner possible.
8. Evaluate the benefits of new programs and procedures to provide “State of the Art” health care.
9. Provide a conduit for communication between Falcon providers and other agencies to positively resolve issues.
10. Provide education and encourage growth within the Falcon and the counties/agencies that we serve.

## II. STRUCTURE

### A. CQI Team

1. The Falcon Critical Care Transport CQI Team is responsible for the oversight and implementation of the Falcon Quality Improvement Program (FQIP) which includes Basic Life Support (BLS) and Critical Care Transport (CCT).
2. Falcon Critical Care Transport’s CQI Team will function with direction and under the auspices of the Medical Director and the Director of Clinical Operations. This includes policy and protocol development, standing order protocols, equipment approval, and continuous quality improvement. The Medical Director is assisted by the quality improvement unit and support staff, which consists of:
  - a) The Director of Clinical Operations: This position is responsible for the over implementation and oversight of all clinical components, clinical quality improvement activities and services, data collection, Falcon Quality Improvement Committee (FQIC) support, and ongoing evaluation of service delivery.
  - b) The Falcon Quality Improvement Committee (FQIC) is composed of the following:
    - 1) Director of Clinical Operations
    - 2) Emergency Medical Technician (EMT)
    - 3) Emergency Medical Technician-Field Training Officer (EMT-FTO)
    - 4) Critical Care Transport-Registered Nurse (CCT-RN)
    - 5) Critical Care Transport-Emergency Medical Technician (CCT-EMT)
    - 6) Critical Care Transport-Registered Nurse Field Training Officer (CCT-RN FTO).

## Falcon Quality Improvement Plan (FQIP)

3. The FQIC defines the following components of the Falcon Quality Improvement Program:
  - a) Provides oversight for all FQIP activities
  - b) The Falcon Medical Director provides oversight for all FQIP with advice from the Falcon Quality Improvement Committee (FQIC).
  - c) Develop, aggregate, and evaluates all data for the Local Emergency Medical Service Agency (LEMSA), identifying EMS Quality Improvement Program (EQIP) indicators and reporting on such per the LEMSA guidelines.

### III. BLS and CCT SERVICE PROVIDER

#### A. QUALITY IMPROVEMENT INFORMATION AND DATA REQUIREMENTS

FQIP includes the respective LEMSA's in the counties in which Falcon provides services. In addition, dispatch agencies, training programs, hospitals, specialty care centers and other EMS service providers can be included. A regional approach, with collaboration between LEMSA's is of utmost importance for FQIP's success.

FQIP includes indicators, covering the areas listed in the California Code of Regulations, Title 22, Chapter 12 of the Emergency Medical Services System Quality Improvement Program, which address, but are not limited to, the following:

- Personnel
- Equipment and Supplies
- Documentation and Communication
- Clinical Care and Patient Outcome
- Skills Maintenance/Competency
- Transportation/Facilities
- Public Education and Prevention
- Risk Management

LEMSA indicators are tracked and trended to determine compliance within their established thresholds as well as reviewed for potential issues. LEMSA indicators, as well as Falcon specific indicators, are tracked for appropriateness on a monthly basis with a monthly summary of the indicators performance reported to the appropriate LEMSA's.

Falcon Critical Care Transport will maintain on-going records ensuring compliance to the requirements set forth in the FQIP and LEMSA's. This monitoring system provides a standardized guideline for the assessment,

# Falcon Quality Improvement Plan (FQIP)

identification, evaluation, feedback and implementation of changes to meet the needs of the Falcon Critical Care Transport and the LEMSA's we operate within.

## 1. Responsibilities

The FQIC is the primary source of FQIP activity reporting. The FQIC will perform the following functions:

- a. Cooperate with LEMSA(s) in carrying out the responsibilities of FQIP and participate in PCSQIC.
- b. Cooperate with LEMSA(s) in the implementation of State required EMS system indicators.
- c. Cooperate with LEMSA(s) in monitoring, collecting data, and evaluating the State and regional/local EMS system indicators, both required and optional.
- d. Cooperate in the re-evaluation and improvement of State and LEMSA indicators by participating in PCSQIC.
- e. Conduct monthly meetings for internal review of FQIP information and development of performance improvement programs (PIPS) related to the findings.
- f. Assure routinely scheduled FQIP training and in-service education for EMS provider personnel.
- g. Prepare PIPs for expanding or improving FQIP.
- h. Participate in meetings and presentations of state and local EMS system information for peer review to local designated advisory groups and other authorized constituents.

## 3. Annual Reports

The Falcon Critical Care Transport CQI Team will annually publish summary reports of CQIP activity for distribution to LEMSA and other groups as determined.

## B. STAFFING REQUIREMENTS AND RESPONSIBILITIES

### 1. Medical Director Guidelines

Shall be a physician licensed in the State of California with experience in emergency medical care. Must be knowledgeable of the policies,

# Falcon Quality Improvement Plan (FQIP)

protocols, and procedures set forth by the LEMSA's Falcon Critical Care Transport serves.

## 2. Medical Director Responsibilities

- a. Demonstrate management's commitment and dedication to the goals outlined in the FQIP by serving as a team leader for the organization, providing educational opportunities, training, support, and encouraging communication of skills to facilitate the team building network.
- b. Shall be responsible for coordinating and implementing an approved provider agency Continuous Quality Improvement Program (CQIP) that focuses on the opportunity for improvement as well as identification and prevention of potential concerns within the organization, implements resolutions to these problems and evaluates the outcome, as well as provides the positive recognition when an opportunity is provided.
- c. Shall provide a written operational protocol manual for approval by the LEMSA's served.

## 3. FQIP Coordinator Requirements

The Quality Improvement Coordinator will be the Director of Clinical Operations and/or his or her assigned designee. CCT Quality Improvement Coordinator shall be a Critical Care Transport physician or registered nurse licensed in California and has experience in emergency medicine/nursing and emergency medical services. BLS Quality Improvement Coordinator shall be an EMT or Paramedic who is or has been licensed in California within the last two (2) years and who has at least two (2) years experience in emergency medical services.

## 4. FQIP Coordinator's Responsibilities

- a. Shall act as a liaison between Falcon personnel and the Medical Director, RN, ED physician, other provider agencies, and LEMSA agencies.
- b. Shall initiate, implement and evaluate the FQIP.
- c. Shall be responsible for monitoring documentation of program operations within the agency, as required for evaluation LEMSA.
- d. Shall monitor Falcon Critical Care Transport personnel's compliance to policies, procedures and protocols and ability to function within their scope of practice.
- e. Shall demonstrate management's commitment and dedication to the goals outlined in the FQIP by serving as a team leader when providing training and educational opportunities, encouragement, support and communication skills to promote an EMS system that

# Falcon Quality Improvement Plan (FQIP)

- delivers the best available patient care.
- f. Shall participate in regional CQI committees and Base Station CQI process.

## C. REVIEW OF PATIENT CARE DATA

### 1. BLS and CCT Run Report Forms

A minimum of thirty (or the total if <30) randomly selected BLS or CCT runs, or 10 %, whichever is greater, must be reviewed each month by the CQI Coordinator or by the designated peer review staff for at least the following:

- a. Complete documentation
- b. Ordering of prehospital patient care treatment
- c. Compliance with protocols
- d. Response times and prolonged on-scene times
- d. All airway attempts and placement (King-Airway and Endotracheal Intubation)
- e. All transports with an airway in place prior to transport (King-Airway, Endotracheal Tube, Cricothyrotomy)
- f. All ventilator transports
- g. MCI as defined by Protocol, Multi-Incident Operational Procedures.

### 2. Concurrent and Retrospective Clinical Review Topics

The FQIP Coordinator and FQIC will review all quality indicators identified by LEMSA's Prehospital Care System Quality Improvement Committee (PCSQIC) and report to the appropriate LEMSA's as required. In addition, Falcon may identify other quality indicators in which quality initiatives may be derived in conjunction with the LEMSA's, Falcon Medical Director, and/or the FQIC.

### 3. BLS and CCT Provider Agency Log

Falcon Critical Care Transport is required to keep an on-going log for periodic review by LEMSA's. Requirements for documentation in this log are spelled out in the Quality Improvement Log Form. See QI form.

A confidential file of case review reports will be maintained by the Falcon Critical Care Transport's FQI Coordinator and/or Medical Director in accordance with specifications under CASE REVIEW FORMS. Documentation should include the case review report and any pertinent data. This is confidential information and will not be reviewed by anyone other than approved designated staff, the involved parties and/or their immediate supervisors.

# Falcon Quality Improvement Plan (FQIP)

## IV. CASE REVIEW FORMS/CASE REVIEW CONFERENCE

### A. INITIATING A CASE REVIEW

To request that a call be reviewed, a Case Review Form must be initiated, and forwarded to the Falcon Critical Care Transports QI Coordinator or Falcon Critical Care Transport's Medical Director.

A Case Review Form may be initiated by any physician, RN, or EMT, who feels that any of the following have occurred:

- Treatment/action resulting in positive patient outcome.
- Treatment/action resulting in an adverse patient outcome.
- Conflicts with existing State law.
- Situations that pose a threat to the safety of patients or providers of prehospital care.
- Situations that serve as an educational tool for EMS providers.

When the request involves the FQIP Coordinator, Director of Clinical Operations, or Medical Director normally responsible for the initiation of the case review form, the request will be forwarded to the LEMSA.

If there is any doubt as to who is responsible for reviewing the case, the LEMSA will provide direction.

#### 1. Variance Reporting

Variance reporting must be completed in a timely manner to LEMSA's.

#### Level A Variance Reporting

The following variances must be reported within 24 hours to the appropriate LEMSA that Falcon Critical Care Transport operates within utilizing the LEMSA's Variance Reporting Protocol.

- a) Any deviation from an EMS Agency policy or treatment protocol with patient harm.
- b) Medication or procedural errors with patient harm.
- c) Failure or refusal to respond to request for aid, whether from the public or another system provider.
- d) Equipment failure or malfunction with patient harm.
- e) Any significant EMS related event that would be reported to another regulatory agency including, but not limited to, the EMS Authority, Occupational Safety and Health Administration, and the Department of Public Health.
- f) The following occurrences as defined as a threat to the public health and safety cited in Health and Safety Code §1798.200(c):

## Falcon Quality Improvement Plan (FQIP)

- 1) Fraud in the procurement of any certificate or license under this division.
- 2) Gross negligence.
- 3) Repeated negligent acts.
- 4) Incompetence.
- 5) The commission of any fraudulent, dishonest, or corrupt act that is substantially related to the qualifications, functions, and duties of prehospital personnel.
- 6) Conviction of any crime which is substantially related to the qualifications, functions, and duties of prehospital personnel. The record of conviction or a certified copy of the record shall be conclusive evidence of the conviction.
- 7) Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this division or the regulations adopted by the authority pertaining to prehospital personnel.
- 8) Violating or attempting to violate any federal or state statute or regulation that regulates narcotics, dangerous drugs, or controlled substances.
- 9) Addiction to, the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
- 10) Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license or certification.
- 11) Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.
- 12) Unprofessional conduct exhibited by any of the following:
  - i. The mistreatment or physical abuse of any patient resulting from force in excess of what a reasonable and prudent person trained and acting in a similar capacity while engaged in the performance of his or her duties would use if confronted with a similar circumstance. Nothing in this section shall be deemed to prohibit an EMT, AEMT, paramedic, or RN from assisting a peace officer, or a peace officer who is acting in the dual capacity of peace officer and EMT, AEMT, paramedic, or RN from using that force that is reasonably necessary to effect a lawful arrest or detention.
  - ii. The failure to maintain confidentiality of patient medical information, except as disclosure is otherwise permitted or required by law.

# Falcon Quality Improvement Plan (FQIP)

- iii. The commission of any sexually related offense specified under Section 290 of the Penal Code.

## **Level B Variance Reporting**

The following variances must be reported within five (5) business day utilizing the appropriate LEMSA reporting system.

- a) Potential Clinical Care Variance
- b) Potential Policy Variance
- c) Poor interagency Coordination
- d) General Complaint (Public)
- e) Communications System Variance
- f) Equipment failure or malfunction

## **Level C Variance Reporting**

Level C Variances are incidents where the responders provided outstanding care and went above and beyond the normal expectation of responders. Level C Variances may include but are not limited to:

- a) Good Patient outcome
- b) Outstanding Customer Service
- c) Positive provider agency/hospital cooperation
- d) Field Provider went above and beyond normal expectations.

## **B. CONDUCTING A CASE REVIEW**

Upon receipt of a Case Review Form, the person responsible for the investigation shall:

- a) Review the patient care record, RN record, and the patient outcome records (if applicable).
- b) Collect statements from the involved personnel if needed to determine action necessary.
- c) Establish the need for further action.
- d) Involve the appropriate agency.

## **C. CONDUCTING A CASE REVIEW CONFERENCE**

### **1. Responsible Reviewing Party**

The Director of Clinical Operations or the FQIP Coordinator shall notify the appropriate personnel and determine a time and date that the Medical Director, FQIC, and all involved personnel can attend a Case Review Conference (CRC). A CRC must be done within thirty (30) days of the decision to conduct a CRC unless it meets the exception criteria.

# Falcon Quality Improvement Plan (FQIP)

## Exception Criteria:

- a. Involved personnel could not be contacted (written explanation required in summary).
- b. Documents needed for review could not be gathered in this time frame (explanation must be included in summary).

## 2. Review of Information

The CRC will require a review of all information necessitating the conference and any additional information that may be pertinent to the review. The FQIC is responsible for determining the need for further action in conjunction with the Medical Director and/or Director of Clinical Operations. The FQIC may make the determination that the incident requires one of the following:

- a. **Positive Recognition:** A CRC may be held to evaluate outstanding performance to be utilized for positive education feedback. An evaluation and recommendations report shall be forwarded to the FQIP Coordinator.
- b. **No Further Action Necessary:** Complete a CRC Report stating the conclusion of the review and forward a copy of the report to the Medical Director. Maintain the original document in the Case Review Report File.
- c. **Need for Education:** FQIC shall determine if the need for education is related to an individual or is of an educational value to the Falcon Critical Care Transport, or both.
- d. **EMS System Education:** The review has led to the opportunity to provide educational value to benefit the system (i.e., a piece of equipment has proven to be defective when used in certain environments). A CRC Report shall be completed and a copy forwarded to the LEMSA Medical Director. Maintain the original report in the Case Review Report File. Suggestions for LEMSA system-wide improvements will be submitted to local LEMSA's PHSQIC as well.

## 3. Plan of Action

The determination has been made that an individual or individuals would benefit from the initiation of the education process.

- a. Identify an area for improvement and develop a Process Improvement Plan (PIP) - i.e., skills deficiency, lack of working knowledge.

## Falcon Quality Improvement Plan (FQIP)

- b. Recommend a PIP - For example, Falcon Critical Care Transport Medical Director may request further skills training, monitoring, protocol updates, etc. Likewise, the LEMSAs Medical Director may do the same. In this circumstance, the LEMSAs Medical Director will request follow-up in writing from Falcon Critical Care Transport and will determine the period in which this is to be provided. The original Case Review Conference Report will remain in the Case Review Report File.
- c. Initiate the PIP - Provide the education, monitoring, etc., as determined by FQIP Coordinator, Falcon Medical Director, FQIC, or the LEMSAs Medical Director.
- d. Evaluation of the Outcome - FQIC will evaluate the outcome of the process, the need to re-evaluate at a future date if necessary or to provide further education. This information should be included in follow-up form on a Case Review Conference Report and a copy submitted to the Falcon Medical Director and/or the appropriate LEMSAs Medical Director and/or PHSQIC. The original report will be maintained in the Case Review Report File.

#### **4. Disciplinary Action Needed**

The need for disciplinary action should only be initiated if the FQIP Coordinator determines the situation reflects grounds for disciplinary action under Chapters 4 and 6 of the California Code of Regulations (CCR), Title 22. All pertinent information will then be forwarded immediately to the Falcon Medical Director for consideration of further action.

# Falcon Quality Improvement Plan (FQIP)

## SECTION II - TRAINING AND EDUCATION

Educational needs will be identified by LEMSA's, FQIC, Falcon Medical Director, and/or LEMSA's Medical Director. LEMSA Key Performance Indicators (KPI's) are utilized by the PCSQIC to determine if any additional key indicators need to be added and/or removed based upon the data collected within the LEMSA. Likewise, FQIC utilizes KPI's to determine the addition and/or subtraction of indicators. FQIC will assist by reporting these indicators to the LEMSA's on a monthly basis, or as identified by the LEMSA, for the PCSQIC to review and make annual recommendations and updates.

Once a PIP is recommended by a FQIC, Falcon Medical Director, LEMSA, or the PCSQIC, FQIC along with the FQIC Coordinator will standardize the changes within the appropriate policies and procedures after approval by the Falcon Medical Director. If additional training is required of Falcon Critical Care Transport providers, time is allotted for that training prior to the implementation of the policy. Policies may also be changed to comply with LEMSA, State, or Federal mandates.

FQIC Coordinator will report to the LEMSA's PCSQIC on a bimonthly basis any special cause variation and/or processes that are not meeting performance standards.

Continuing Education (CE) will be developed by FQIC or the LEMSA EMS QI Council Education Committee.

The FQIC Coordinator is responsible for educational oversight and also ensures that documentation is submitted to the FQIC, Falcon Medical Director, and LEMSA's ensuring that all training requirements have been met by all Falcon Critical Care Transport providers.

Training and education is fundamental to the success of quality improvement and is addressed in collaboration with quality and training experts from the LEMSA's we serve.

CE training program objectives are:

1. Meet state licensure/certification requirements and/or county accreditation requirements.
2. Provide standards-based training for Falcon Critical Care providers.
3. Integrate LEMSA skills/CE training into Falcon Critical Care CE program.

# Falcon Quality Improvement Plan (FQIP)

## SECTION III – ANNUAL UPDATES

The Falcon Medical director will oversee an annual evaluation of the FQIP. This evaluation will be presented to the FQIC. The FQIC will determine what changes are needed to better align with the strategic direction of the LEMSA, EMS QI Council, and report such in an annual update.

An annual update will be created to inform, educate and train all individuals involved in QI activities. At a minimum this will include the following:

1. Update on new performance indicators.
2. Review key improvements from the previous year.
3. Review current important data and any special cause variations trends.
4. A review of any policy revisions.
5. A description of any changes in continuing education and skills training requirements.
6. A description of priorities for the coming year.

The annual update document is a written account of the progress of Falcon Critical Care Transports activities as stated in the FQIP. The plan will summarize previous year's changes and progress. The annual update will include the indicators monitored, key findings/priority issues identified, improvement action plan/plans for further action, and state whether goals were met. If goals were not met, follow-up actions are to be identified. The update shall include, but not be limited to, a summary of how FQIP addressed the Falcon and LEMSA indicators.

# Falcon Quality Improvement Plan (FQIP)

## Attachment A

### 2019 Indicators

| <b>BLS</b>  | <b>CCT</b>  |
|---|---|
| Non-emergent Response time<br>Unit Mission Time<br>Referral From 911<br>Referral to 911<br>Diversion to ER during Transport<br>Cardiopulmonary Resuscitation<br>Airway Management<br>Chest Pain<br>Altered Mental Status<br>Stroke<br>Code 3 Transports | Stat-Urgent Response Time<br>Unit Mission Time<br>On-scene Time<br>Referral from 911<br>Referral to 911<br>Diversion during Transport<br>Cardiac Arrest<br>Intubated Patients<br>Ventilator Management<br>CPAP Management<br>Invasive Line Management<br>Intraosseous Placement<br>Pediatric Transports<br>Balloon Pump/Impella Transport |

# Falcon Quality Improvement Plan (FQIP)