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Data Collection & System Evaluation

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Quality Improvement (QI) Overview

6001.1 PURPOSE

- A. The purpose of the Napa County EMS Agency (NCEMSA) Continuous Quality Improvement (CQI) Program is to:
 - 1. Assure that the level of patient care within the local Emergency Medical Service (EMS) system is consistent with that outlined in local policies / treatment guidelines.
 - 2. Maintain and continually improve the quality of patient care given by all EMS personnel/providers.
 - 3. Provide a mechanism whereby EMS personnel or other interested parties can have quality improvement (QI) issues and questions related to out-of-hospital care and the continuum of care addressed.
 - 4. Evaluate, on a continual basis, the Napa County EMS Plan and/or Emergency Medical Services Quality Improvement Program (EQIP), including the effectiveness of local policies and treatment protocols.
 - 5. Evaluate and improve system performance.
 - 6. Establish an advisory committee to the EMS Agency to: monitor; evaluate and report on the quality of care given by EMS personnel (e.g. County CQI / Sub-CQI Committees, Medical Advisory Committee [MAC], EMS Aircraft Committee, etc.).
 - 7. Create a consistent approach to QI and a resource document for Paramedic Liaison Officers (PLO), Prehospital Liaison Nurse (PLN) and base hospital physicians.

6001.2 OBJECTIVE

- A. Assign responsibility for monitoring and evaluating activities.
- B. Delineate / evaluate scope of care including policies and treatment guidelines.
- C. Identify important aspects of out-of-hospital care.
- D. Collect, analyze and disseminate data, from dispatch to discharge.
- E. Evaluate out-of-hospital care provided to patients.
- F. Take action to improve care where needed, including: evaluation / trial studies of new equipment and recommendations to the EMS medical director.
- G. Assess the effectiveness of action taken by providers.
- H. Communicate relevant QI information system-wide.
- I. Promote appropriate utilization of EMS resources and services.
- J. Cultivate system-wide standardization of the CQI process.
- K. Review issues and matters of a system-wide nature.
- L. Promote and foster a high standard of emergency patient care system-wide.



Quality Improvement (QI) Reporting

ADMINISTRATIVE POLICY 6002

6002.1 PURPOSE

- A. The QI Report: This policy / report is designed so that each participant in the Emergency Medical Service (EMS) system has the opportunity to provide feedback and input into the operation and effectiveness of the EMS system. The "QI Report" (6002 Form - 2) affords the EMS Agency and affected providers a process to document and evaluate policies, treatment guidelines and general system performance issues (both positive and negative). In instituting the QI report, the author assists the EMS Agency and provider agencies in constantly upgrading the delivery of EMS care within Napa County.
- B. Forms/Charts: The related QI forms and flow chart is designed to facilitate a more efficient QI process.
- C. The "Unusual Occurrence (UO) Report" (6002 Form - 3): This is an OFFICIAL EMS Agency document, completed by each agency's respective Paramedic Liaison Officer (PLO), Prehospital Liaison Nurse (PLN) or designee. This initiates the QI process anytime an incident has occurred, (negatively or positively) which impacts the EMS system. In addition, this document serves as the response document for provider agency's asked to give their input or statement.
- D. Category / Levels: The QI category definitions and Level I – III example lists are to be utilized by the PLN/PLO or designee to categorize the type of QI incident as either Emergent or Non Emergent. Not all possible examples are expressed on this list; therefore, if an incident has occurred and is not identified on this list the PLN /PLO or designee should collaborate with the EMS Agency to determine category / level.

6002.2 POLICY

Any UO involving EMS personnel or operations will be reported according to the following procedures.

6002.3 EMERGENT (LEVEL III)

- A. Issues that contributed to a negative patient outcome and/or issues involving grossly inappropriate behavior by any involved personnel. Additionally, issues that may potentially be a threat to public health and safety but did not necessarily contribute to a negative patient outcome. Provider agencies may be required to determine category / level using clinical judgment as this list is not all-inclusive. These incidents as well and the examples listed in the criteria below require immediate notification of the Agency:
 - 1. Negative patient outcome issues related to:
 - Equipment & stocking issues
 - Patient assessment/priority setting
 - Private party complaints
 - Policy/treatment guidelines deviations
 - Medical treatment
 - Medication errors
 - Technical skills issues
 - Recurrent problems-individual/system
 - 2. Inappropriate behavior issues:
 - Fraud
 - Insubordination
 - Unprofessional behavior
 - Irrational behavior
 - Negligence
 - Patient abuse
 - Substance abuse
 - Patient abandonment

6002.4 NON EMERGENT (LEVELS I / II)

- A. Issues that did not contribute to a negative patient outcome and do not require immediate notification to the EMS Agency are as followed:

- B. Non-Emergent Level I:
 - 1. Minor policy violations that do not involve patient care.
 - 2. Disrupted communication with treatment in compliance with protocol.
- C. Non-Emergent Level II:
 - 1. Recurrent Level I incidents.
 - 2. Non-compliance with administrative policies and/or treatment guidelines, without potential for patient harm.

6002.5 CONTINUOUS QI FLOW SHEET

6002 F – 1 is an overview of the CQI process from the initiation of a QI Report to its resolution. Agency PLN/PLO's should follow internal progressive steps and timelines of the CQI process closely to ensure a resolution in a timely manner.

6002.6 DOCUMENTATION

- A. QI Report (6002 Form - 2) :
 - 1. The QI Report is intended to be utilized by each agency's PLN/PLO's. This may be submitted on a quarterly basis for each incident.
 - 2. The back of the QI Report is divided into three (3) distinct sections:
 - a. Key issue;
 - b. Account of incident; and
 - c. Proposed resolution / remediation.
- B. Each area must be completed, with the author's initials being placed at the end of the area.
 - a. Key Issue: This will usually be one (1) to two (2) sentences in length and highlight the primary point/concern (e.g. policy issue, medication error). It should not be a synopsis of the entire event or issue.
 - b. Account of Incident: This is the area that the narration of the concern or issue should be stated. This will constitute the body of your QI Report and should contain factual statements, free from subjective insight or politically motivated innuendos. Attempt to stay focused and concise.
 - c. Proposed Resolution / Remediation: This area MUST be completed by the author prior to being submitted. The purpose of this area is to gain insight into possible solutions from the perspective of those individual provider agencies involved in the issue or incident.

6002.7 INQUIRY PROCESS / RETROSPECTIVE REVIEW

- A. Non-Emergent, Level I:
 - 1. Involved personnel will be notified by the provider agency and a copy of the first notice will be kept by that agency.
 - 2. Response from involved personnel will be required within twenty (20) calendar days unless specific relevant employer / firefighter bill of rights (FBOR) are applicable.
 - 3. If no response, a second notice is hand delivered to involved personnel. Personnel will sign, acknowledging receipt of notification.
 - 4. If no response to second notice within twenty (20) days, the EMS Agency will be notified. Failure to comply will be referred to the appropriate provider agency supervisory personnel for possible disciplinary action.
 - 5. Review of responses and decisions regarding disposition will be done by the provider agency and may include established QI Committees.

6. In all cases, the provider PLO/PLN is responsible for concluding the investigation.

B. Non-Emergent, Level II:

1. Involved personnel will be notified by the provider agency of the initiation of a Level II incident. A copy of the first notice is to be kept by that agency. Additional copies may be sent to other involved agencies as needed.
2. Response from personnel will be required within twenty (20) days. (Note: The provider or EMS Agency may wish to require a shorter time line on Level II issues. Involved personnel will be notified of the requirements and issues will be clearly verbalized and documented to all involved parties.)
3. If no response within twenty (20) days, a second notice is hand delivered to the involved personnel by an appropriate supervisor. Personnel will sign, acknowledging receipt of notification.
4. If no response to the second notice is received within twenty (20) days, the EMS Agency will be notified. Failure to comply will be referred to the appropriate supervisory personnel for possible disciplinary action.
5. The EMS Agency medical director or his/her designee *may* be involved in Level II incidents.
6. In all cases, the provider PLO/PLN is responsible for concluding the investigation.

C. Emergent, Level III:

1. Immediate notification of involved personnel and EMS Agency by the reporting agency provider(s) is required. Other involved agencies should be notified if appropriate. Designated PLN/PLO's are required to utilize the UO (6002 F - 3).
2. Designated PLN/PLO and/or if appropriate the EMS Agency directs the investigation. Incident investigation may include review of pertinent medical records including the PCR, base hospital report(s), audio files or through other documentation. A formal interview with involved personnel to review the facts may be arranged through the involved personnel's provider agency.
3. The time frame for returning response forms by the involved personnel will be determined by the EMS Agency, based upon seriousness of infraction and public health and safety issues.

6002.8 COUNSELING / RESOLUTION / REMEDIATION

A. Non-Emergent, Level I:

1. A non-emergent level I issue should be discussed between personnel. However, if it is between two (2) agencies, the PLO/PLN of the initiating agency should notify the other agency for trending.
2. Decisions regarding the need for counseling and/or remediation will be decided by the provider agencies.

B. Non-Emergent, Level II:

1. The provider agency may involve the medical advisor/director in the counseling and remediation phases of Level II issues. Expectations of specific remediation's shall be clearly defined and be signed or acknowledged verbally by involved personnel. Outcomes of counseling and/or remediation are to be maintained at the provider agencies and are to be used for QI reasons only.

C. Emergent Level III: Consequences for emergent issues are decided on a case by case basis.

D. The base hospital medical director, the PLN and the provider(s) PLO will develop recommendations on disposition following the investigation of a case. These recommendations will be forwarded to or discussed with the EMS medical director. The final decision regarding the disposition will be made by the EMS medical director.

E. The disposition on Emergent Level III issues may include but is not limited to:

1. Patient care review and counseling on the specific issues with a focused quality assurance review to monitor for recurrence for a period of six (6) months.

2. Didactic courses for remediation.
 3. Supervised audio tape review with a written outcome summary.
 4. Supervised clinical time with a written outcome summary.
 5. Didactic remediation with case scenarios.
 6. Topic oriented research.
 7. Development of in-service or written paper on a specific topic with supervised review.
 8. PCR review with a supervised written summary.
 9. Focused quality assurance review of ongoing care.
 10. Implementation of disciplinary process with the potential outcome of action taken on the license.
- F. A written contract / plan will include but is not limited to:
1. Identification of specific problem.
 2. Counseling and/or recommendations.
 3. Consequences for failure to comply.
 4. Identification of specific written future expectations including the expected time frame for these expectations to be completed.
 5. Personnel will sign, acknowledging the counseling, recommendations and/or remediation in person.

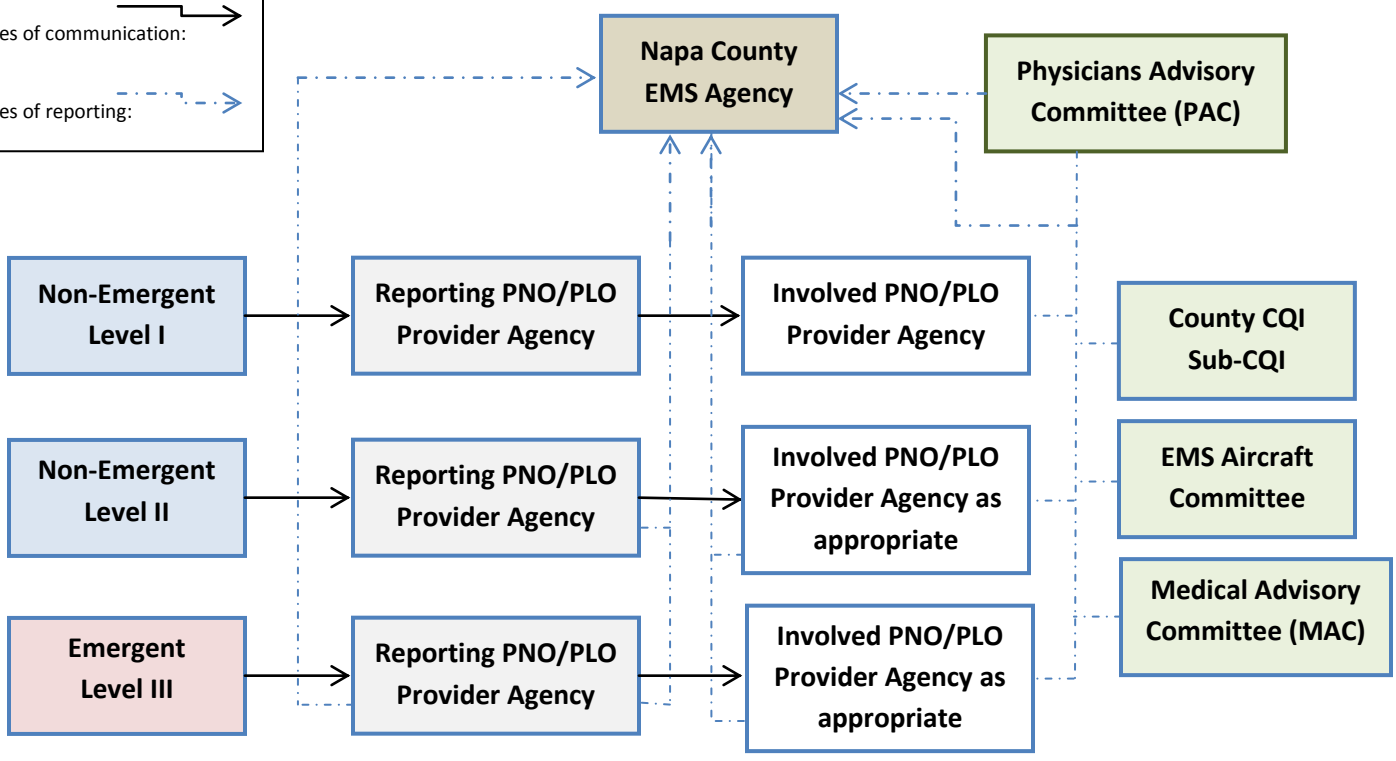
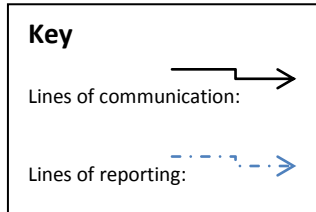
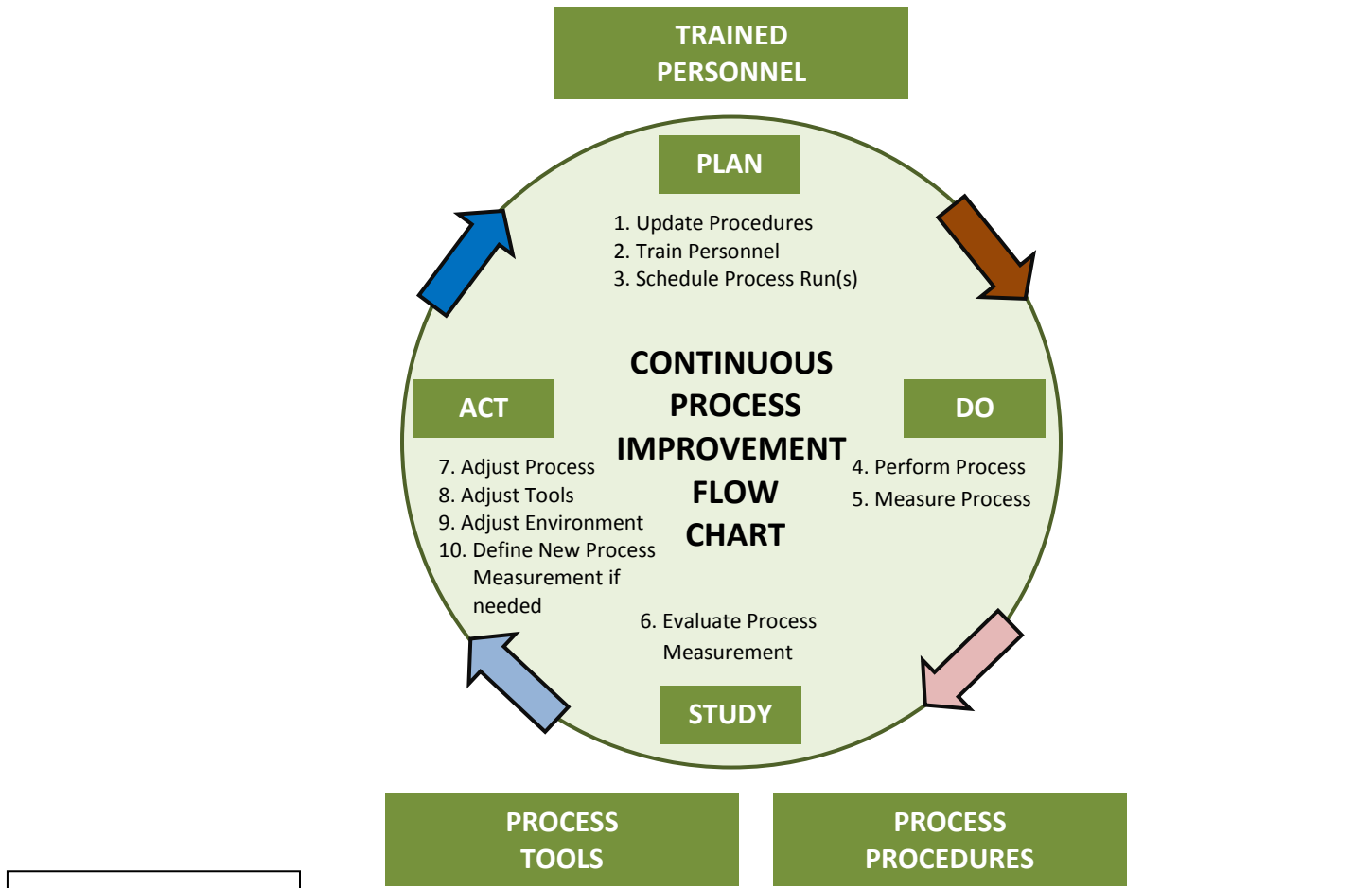
6002.9 SUMMARY OF INCIDENT REVIEW PROCESS

- A. Non-Emergent Level I – PLN/PLO's shall retain this documentation internally.
- B. Non-Emergent Level II - Written documentation shall occur within 5 (five) working days following the resolution of the incident.
- C. Emergent Level III – Verbal notification to the LEMSA must occur immediately. Written documentation shall occur within twenty-four (24) hours utilizing (UO) form 6002 F -3.
- D. In all Level II and Level III cases, a follow-up report will be sent to the reporting agency. If the reporting agency has questions or concerns regarding the summary, that agency is to notify the EMS Agency.

6002.10 RECURRENT QI ISSUES

- A. Non-Emergent, Level I: Recurrent Level I issues deemed by the provider liaison and/or the base hospital liaison nurse as significant, may be placed into a Level II category. The base hospital physician may be consulted for review and possible recommendations.
- B. Non-Emergent Level II: Recurrence of three (3) or more Level II issues by an individual in a six (6) month period must be evaluated by the PLO, the PLN and/or the EMS Agency. The follow-up outcome of this evaluation may be forwarded to the base hospital medical director for review.
- C. Emergent Level III: Recurrent emergent issues will be initially investigated as described previously. The outcome and consequences for recurrent emergent issues will be decided by the EMS medical director.
- D. Recurrence of issues at any level may require increased counseling, monitoring, remediation and/or potential for action against the involved personnel(s) certification/license.

Napa County EMS Continuous Quality Improvement (CQI) Flowchart





QUALITY IMPROVEMENT REPORT (QI REPORT)

CONFIDENTIAL

Non – Emergent Level-I Non – Emergent Level – II Emergent Level – III

Call Location: _____ Disp. #: _____

Date: _____ Time: _____ Provider(s): _____

On Scene Enroute At Hospital Other

Pt. Name: _____ Med. Record # or DOB: _____

PCR # (Attach copy): _____

Personnel Involved	Agency	<u>Discussed w/ Individual</u>	
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Reporting Party Information

Signature: _____ Date Written: _____

Print Name: _____

QI REPORT

Key Issue(s)

Initial: _____

Account of Incident

Initial: _____

Proposed Resolution / Remediation

Initial: _____



Quality Improvement Reporting

ADMINISTRATIVE POLICY 6002

EFFECTIVE DATE: 02-01-2012

CONFIDENTIAL

UNUSUAL OCCURRENCE REPORT

Incident Logistics

Call Location: _____ Disp. #: _____

Date: _____ Time: _____ Location: _____

On Scene Enroute At Hospital Other

PCR/BHRR # (Attach copy): _____

<u>Personnel Involved</u>	<u>Agency</u>	<u>Discussed w/ Individual</u>	
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Primary Tracking

Date & Time On-Duty Supv./PLN/PLO Notified: _____

Name & Title of Individual Contacted: _____

Author Information

Signature: _____ Date Written: _____

Print Name: _____ Cert. #: _____

Agency/Facility: _____ Date Submitted to PLO/PLN: _____

QUALITY IMPROVEMENT REPORTING

Issue (Please state in one or two sentences)

Initial: _____

Account of Incident

Initial: _____

Proposed Resolution (Author Must Complete)

Initial: _____ (Final completed form will be forwarded to County Counsel from the EMS Agency)



Napa County Emergency Medical Services Agency UNUSUAL OCCURRENCE (UO) REPORT CONFIDENTIAL—DO NOT PHOTOCOPY

NOT PART OF THE MEDICAL RECORD—FOR PERFORMANCE IMPROVEMENT ONLY

Non – Emergent Level-I Non – Emergent Level – II Emergent Level – III

Date of Occurrence	EMS Personnel and/or Agencies Involved		
Time of Occurrence	Location of Occurrence		
Nature of Occurrence	Documentation	Action Taken	
Documentation	PCR	No Action Necessary	
Protocol	Dispatch Log	Corrective Discussion	
Medication	Agency Call Report	Remedial Training	
Skill	Incident Report	Referred to Base Hospital	
Communication	Third Party Report	Referred to Medical Director	
Other (specify)	Other (specify)	Other (specify)	
Occurrence Details per Reporting Party :			
Date Submitted to LEMSA by Reporting Party	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> Reporting Party Agency/Facility </div>		
Occurrence Details per EMS Personnel :			
Date Submitted to LEMSA By EMS Personnel	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> Reporting Party Agency/Facility </div>		
Action Details: FOR OFFICE USE ONLY			
Response Date	<div style="border-bottom: 1px solid black; width: 100%;"></div>		
Resolution Date	<div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="display: flex; justify-content: space-between;"> Form Completed By EMS Agency Title </div>		



County Continuous Quality Improvement (CQI) Committee

ADMINISTRATIVE POLICY # 6003

6003.1 PURPOSE

- A. 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.
- B. This committee will not address individual performance or practice issues.

6003.2 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).

6003.3 CONFIDENTIALITY

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.

6003.4 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.

6003.5 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):
 - a. One (1) representative (PLO or designee) from each provider agency.
 - 5. Angwin Community Ambulance (ACA)

- a. One (1) representative (PLO or designee).
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.

6003.6 ATTENDANCE/MEETING FORMAT

Meetings will be on a quarterly basis. The Sub-CQI Committee which is comprised of ALS level providers meets monthly.

6003.7 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.

6003.8 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 (i.e., 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 (i.e. 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 (i.e. MCIs, pediatric patients).
 4. Deviations from standards of care (i.e. treatment / procedure variation).
 5. Transportation issues (i.e. 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.
 9. Unusual Occurrence (UO) Reports (6002 F-3).

6003.9 DATA REPORTS AND DISSEMINATION

- A. The committee will assess the effectiveness of the actions and document improvement.
- B. The committee will report, both verbally and in written form, to the PAC, MAC and appropriate agencies and personnel.
- C. The committee will disseminate data to all providers system-wide for continued effective clinical care.



Interagency Quality Improvement (QI) Responsibilities

ADMINISTRATIVE POLICY 6004

6004.1 EMS AGENCY

A. The Napa County EMS Agency shall:

1. Approve and review of primary training programs for: public safety first aid and first responder; Emergency Medical Technicians (EMTs) and paramedic programs and continuing education (CE) programs for all levels of certification.
2. Seek innovative training programs and materials.
3. Certification of all EMTs and Emergency Medical Dispatchers (EMDs) in the Napa County EMS system.
4. Accreditation of paramedics in the Napa County EMS system.
5. Provide prospective system-wide direction through established county policies, treatment guidelines and procedures.
6. Establish procedures for informing all providers and hospitals of EMS system changes and updates.
7. Retrospective review of the Napa County EMS system via advisory committee(s), data collection and review, patient care report and tape reviews and special studies.
8. Coordination of data from the receiving hospitals into the PCR system.
9. Review and investigate all EMS notification forms (e.g. Quality Improvement [QI] Report and Unusual Occurrence [UO] form) and take appropriate action. The EMS Agency will notify involved parties of resolutions taken.
10. Develop mechanism for the Paramedic Liaison Officers (PLO's) to notify the EMS Agency when paramedics are hired or leave their agency.

6004.2 BASE HOSPITAL

A. The base hospital shall:

1. Designate an emergency department (ED) physician as base hospital medical director.
2. Designate a PLN.
3. Assure the presence of a base hospital physician in the ED at all times to give radio direction / medical control to prehospital personnel.
4. Provide for CE of certified EMS personnel, including clinical exposure time in specified areas in the hospital for both BLS and ALS prehospital care personnel.
5. Establish and utilize a system of critiquing ALS care responses, both written and taped. This system would include but is not limited to:
 - a. Providing feedback to the personnel involved.
 - b. Providing EMS Agency with findings and suggestions for changes, improvements, etc.
6. Provide the EMS Agency with statistics and information needed for monitoring and evaluating all aspects of the EMS system.
7. Maintain a log of all EMS calls related to patient care.
8. Maintain a medically and legally proper system for documentation and storage of all out of hospital care written reports.

9. EMS tape transmissions will be kept for ninety (90) days and used for the purpose of QI only.
10. Develop and implement a QI program within the ED consistent with guidelines outline in the Napa County's QI Program and Joint Commission for the accreditation of Health Care Organizations (JCAHO).

B. Criteria for PLN:

1. Experienced in or have knowledge within the Napa County EMS system.
2. Knowledge of regulations, policies, treatment guidelines, protocols and local optional scope of practice items developed for prehospital care providers.
3. Comprehension of QI principles and practices.

C. PLN shall:

1. Cooperate with the EMS Agency, hospitals, and providers in providing any necessary information needed on QI issues.
2. Investigate, critique, document, and report to the EMS Agency all reported incidences of deficiencies in patient care or non-compliance with local policy.
3. Provide both base hospital staff and field personnel with feedback on the outcome of any notification forms (e.g. QI Report, UO form) which were initiated by them.
4. Actively participate on appropriate EMS Committee(s). This would include but not be limited to:
 - a. Emergency Medical Care Committee (EMCC);
 - b. Medical Advisory Committee (MAC);
 - c. EMS Aircraft Committee; and
 - d. County CQI Committee / Sub-CQI Committee.
5. Facilitate education programs for prehospital care personnel.
6. Relay information on EMS activities, system changes, and EMS policies to hospital administration, medical and nursing staff, as needed.
7. Keep monthly statistics of base hospital activities and other statistics that may be needed for system planning.
8. Organize and/or assist with prehospital training (e.g. FCA).
9. Assist providers with remedial education as needed.
10. Provide prehospital feedback via:
 - a. QI Report form.
 - b. Verbal or written patient care follow up.
 - c. Flagging calls via computer for County CQI Committee audit.
 - d. Assist in tracking information/data needed by the County CQI Committee.

D. Base hospital physicians shall:

1. Provide on-line medical control to all EMS personnel.
2. Participate in the clinical training of EMT's, paramedics and other base hospital Physicians.
3. Act as a liaison between EMS personnel and physicians not familiar with the policies, treatment guidelines, protocols and local optional scope of practice items developed for prehospital care providers.
4. Report any QI issues, according to County policy.
5. Provide vision for system improvement.

6004.3 RECEIVING HOSPITALS

A. Receiving hospitals shall:

1. Provide admission or treatment and release diagnosis of patients transported to the facility by ambulance, upon request.
2. Assign a nurse liaison to interact with provider agencies, EMS Agency, base hospital and CQI Committee.
3. Participate in educational activities.

6004.4 PREHOSPITAL ALS PROVIDER AGENCIES

A. Prehospital ALS provider agencies shall:

1. Participate in accreditation courses and the training of prehospital care providers. Design and participate in educational programs based on problem identification and trend analysis.
2. Establish procedure for promptly informing all field personnel of system changes/updates. Assure all employees are properly oriented to the EMS System.
3. Designate a Prehospital Liaison Officer (PLO) who will be responsible for coordinating the provider agency's interaction with the EMS system.
4. Utilize criteria, approved by the local EMS medical director, for evaluation of individual prehospital care personnel. These should include, but not be limited to, the following:
 - a. PCR / audio tape review.
 - b. Field evaluations.
 - c. New employee evaluations.
 - d. Routine and problem orientated evaluations.
5. Establish a system to maintain current records on all personnel. These should include copies of the items listed below:
 - a. ACLS competency;
 - b. BLS certification;
 - c. Employee and field evaluations;
 - d. Paramedic/EMT licensure/certification; and
 - e. County accreditation confirmation.

B. RN license for the State of California (flight and CCT nurses) shall:

1. Develop and implement a QI program within the provider agency consistent with guidelines outlined in the Napa County EMS Quality Improvement Program (EQIP). In addition, all helicopter provider agencies shall:
 - a. Provide the EMS Agency with statistical reports on all helicopter activity regulated by Napa County EMS policies / treatment guidelines.
 - b. Provide area hospitals and provider agencies with helicopter safety courses.
 - c. Assign a paramedic or RN to the County CQI Committee.
 - d. Facilitate education programs for flight crews specific to out of hospital care and flight medicine.

C. Criteria for PLO:

1. Experienced in or have knowledge in the EMS system in Napa County.
2. Knowledge of regulations, policies, treatment guidelines, protocols and local optional scope of practice items developed for prehospital care providers.

3. Comprehension of QI principles and practices.

D. PLO shall:

1. Cooperate with the EMS Agency, hospitals, and other providers agencies in providing any necessary information needed on QI issues.
2. Investigate, critique, document, and report to the EMS Agency all reported incidences of deficiencies in patient care or non-compliance with local policy.
3. Provide both base hospital staff and field personnel with feedback on the outcome of any notification forms (e.g. QI Report, UO) which were initiated by them.
4. Actively participate on appropriate EMS Committee(s). This would include but not be limited to:
 - a. Emergency Medical Care Committee (EMCC);
 - b. Medical Advisory Committee (MAC);
 - c. EMS Aircraft Committee; and
 - d. County CQI Committee / Sub-CQI Committee.
5. Facilitate education programs for prehospital care personnel.
6. Relay information on EMS activities, system changes, and EMS policies to provider administration and other staff as needed.
7. Keep monthly statistics of provider activities and other statistics that may be needed for system planning.
8. Organize and or assist with prehospital training (e.g. FCA).
9. Provide remediation for QI issues and keep appropriate documentation on file.

E. Prehospital care personnel shall:

1. Participate in QI within own agency.
2. Provide thorough and complete documentation on all PCRs *as per* policy.
3. Promptly comply with the investigation of any QI incident your agency is involved in.
4. Maintain record of your attendance at CE courses and tape reviews.
5. Maintain certification/licensure as required by the State of California and the Napa County EMS Agency.



Completion of Patient Care Records

6005.1 POLICY

- A. The Napa County Emergency Medical Services (EMS) Agency, in consultation with basic life support (BLS) and advanced life support (ALS) providers may revise these policies and procedures and/or patient care reporting requirements as necessary.
- B. Documentation requirements:
 - 1. A patient care report (PCR) or electronic patient care report (ePCR) will be completed for every patient response. Each provider agency participating in patient care will complete a PCR/ePCR.
 - 2. The PCR/ePCR must accurately and completely document the patient response and care while including the information required by (Title 22, Chapter 4, Article 8, and Section 100170). Additionally, the PCR must comply with the Level I CEMSIS Data System Standards; while the ePCR must comply with the Level I, II and III CEMSIS Data System Standards.

6005.2 RECORD DISTRIBUTION

- A. The PCR will be distributed in this manner:
 - 1. The first response agency's completed PCR must be sent by facsimile transmission, or hand delivered, to the receiving facility or hospital that received the associated patient within two (2) hours **or**
 - 2. The first responder agency shall deliver in person, in the form of field notes, to the transport provider a written record of the assessment including vital signs, SpO₂ (if applicable), history, physical exam and all aid or treatment rendered prior to arrival of transport provider.
 - 3. The ambulance contractor having ALS jurisdiction shall leave a copy of the ePCR (electronic or printed) at the receiving hospital upon delivery of each patient. Within twenty-four (24) hours, the ambulance contractor shall provide access for the LEMSA and receiving hospitals to patient care documentation in computer readable format and suitable for statistical analysis for all ambulance responses.
 - 4. Documentation requirements may be deferred when emergency response is required but must be completed as soon as possible.

6005.3 GENERAL REQUIREMENTS

- A. Multi-casualty incident (MCI):
 - 1. In a MCI, every person who has signs and/or symptoms or complaint of illness or injury shall have a patient assessment completed and documented on an appropriate triage tag.
- B. Walk-ins:
 - 1. Any patient, who walks into a station of an ambulance or fire department manned by EMS personnel and is assessed and/or provided treatment, shall receive a complete patient assessment and shall be reported on a PCR. (The only exception to this is patients who fit into specific EMS Agency approved programs, (e.g. blood pressure testing programs).
- C. Deceased patients:
 - 1. The PCR shall be utilized to document the circumstances related to a deceased patient (no resuscitation attempt). Refer to Treatment Guideline # 7006 Determination of Death.

6005.4 RESPONSIBILITY FOR FORM COMPLETION

- A. Responses where the patient is transported:

1. Each authorized EMS provider who participates in the care rendered to a patient transported shall complete a PCR based upon the portion of the assessment and/or treatment they performed.
- B. Responses where the patient is not transported:
1. If a patient is located, the findings of the assessment should be documented. Release-At-Scene (RAS)/Against-Medical-Advice (AMA) situations shall be managed according to the RAS/AMA policy.
- C. PCRs:
1. Completed PCRs are confidential patient medical records and are limited to the possession of the authorized EMS providers involved with response to the patient location or direct patient care, authorized medical facilities that receive the patient if transported and service payer sources.
- D. Completion criteria:
1. A PCR form shall be accurately completed for each patient transport and each response to a call for service as described herein. This includes all ambulance responses (emergency or non emergency, transport or non-transport) with patient contact, pre-arranged ambulance standby with patient contact by personnel from an assigned ambulance that is not subject to other calls and ambulance transfers with patient contact (i.e. all inter-facility transfers).
- E. Failure to complete PCR:
1. The PCR form shall be accurately completed. Willful failure to accurately complete a PCR form is cause for falsification of record resulting in formal investigative action under 1798.200 of the California Health and Safety Code.

6005.5 RECORD REVIEW

Each agency/provider, receiving facilities, base hospital and the EMS Agency will review patient care records as required by the Napa County Continuous Quality Improvement (CQI) Committee.

6005.6 RECORD RETENTION

Patient care records must be securely retained for at least seven (7) years or for two (2) years after the patient reaches the age of majority, whichever is longer. Privacy will be protected by compliance with the Health Insurance Portability and Accountability Act (HIPAA).