

Category: Quality Assurance/Improvement
Quality Improvement References

Policy No: 2000
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EMT/First Responder Defibrillation Program- # 4103
Public Safety Defibrillation- # 4110
Emergency Medical Dispatch Program- # 4204
Skills Refresher Program- #4300
Cardiac Refresher Program- #4400
Quality Improvement and System Evaluation (Trauma)- #4616

PROVIDER MEDICAL DIRECTOR FUNCTIONS/RESPONSIBILITIES

PURPOSE

To differentiate the functions and responsibilities of provider medical directors from the functions and responsibilities of the Marin County EMS Agency Medical Director.

DEFINITION

- A. The Marin County EMS Agency Medical Director is the physician employed by or under contract for services to the County of Marin.
- B. A provider Medical Director is the physician who meets the criteria listed below and is the physician employed by or under contract for services to a County-approved ALS Provider.
 - 1. Currently licensed in California as a physician
 - 2. Board certified or qualified in Emergency Medicine
 - 3. Familiar with the current EMS system in Marin County
 - 4. Experienced with prehospital care components

POLICY

- A. The Marin County EMS Agency Medical Director is responsible for providing medical control and assuring medical accountability throughout the planning, implementation and evaluation of the EMS system.
- B. Under the authority of the Marin County EMS Agency Medical Director a provider Medical Director may perform the following duties and responsibilities as appropriate.
 - 1. Interface with other components of the system such as hospitals, other providers, physicians, nurses, contracting agencies.
 - 2. Participate in disaster training, planning, and preparation.
 - 3. Develop, implement and monitor programs or mechanisms for the following:
 - a. Problem-solving medically related issues or issues relating to the performance of paramedics, to handle questions or complaints regarding personnel
 - b. Medical equipment and supply procurement, storage and maintenance, including routine checks of narcotics
 - c. Billing procedures (if any)
 - d. Community education related to EMS
 - e. A field training and evaluation process providing for evaluation of performance of new employees or employees new to the position, yearly performance evaluations, and method for monitoring performance if deemed necessary
 - f. Infectious disease precautions and training
 - 4. Develop and implement an effective quality improvement program working toward continuous system and patient care improvement, to include the following:
 - a. Prospective off-line medical direction, including the following:
 - 1. On-going evaluation of skill adequacy and method in place to maintain skills at an acceptable level;

2. Verification that equipment is present and paramedics are knowledgeable in its use;
 3. Tailoring of on-going in-house education according to the needs of the individual provider agency.
- b. Retrospective off-line medical direction to include the following:
1. Review of care to assure compliance with system protocols including review of written patient care records; and
 2. Method for evaluating field care.
- C. The provider Medical Director shall have regular and active participation in the Physicians Advisory Committee.

CONTINUOUS QUALITY IMPROVEMENT PROVIDER AGENCY RESPONSIBILITIES

PURPOSE

To establish for provider agencies to use when establishing their Continuous Quality Improvement plans.

AUTHORITY

Division 9 of the California Code of Regulations, Chapter 4, Article 6, Section 10016 (b) requires that "each EMT-P service provider...shall have a quality assurance program approved by the local EMS Agency."

DEFINITION

- A. "Quality Assurance' or 'QA' means a method of evaluation of services provided, which includes defined standards, evaluation methodology(ies) and utilization of evaluation results for continued systems improvement. Such methods may include, but not be limited to, a written plan describing the program objectives, organization, scope and mechanisms for overseeing the effectiveness of the program." (Definition is from Health and Safety Code, Division 9, Chapter 4, Article 1, Section 100141.)
- B. A "template" is a pattern or guage to be used as a guide. In this setting, it is meant to provide a base for the development of a plan which will detail how that agency will accomplish the items listed.

POLICY

- A. The Quality Assurance/Improvement program shall include, but not be limited to the following categories of activities:
 1. Prospective activities designed to prevent potential problems
 2. Concurrent activities designed to identify problems or potential problems during the course of patient care
 3. Retrospective activities designed to identify potential or known problems and prevent their occurrence
 4. Reporting/feedback activities to assure that system issues are identified and addressed as appropriate.

TEMPLATE

- A. Prospective activities
 1. Education for new and current employees
 - a. Orientation of new personnel to the EMS system
 - b. Field care audits
 - c. Continuing education offerings are based on perceived or demonstrated need
 - d. Method for problem identification and trend analysis
 - e. Procedure for obtaining input from and informing personnel of system changes
 2. Licensure/accreditation activities--establish procedures, based on Marin County policies, regarding

- a. Initial licensure/accreditation
 - b. Continuing accreditation
 - c. Required training or activities as specified
3. Evaluation
 - a. Establish criteria for new employee evaluations and for on-going evaluations of individual performance, including "ride-along" evaluations
 - b. PCR review/tape review/review of other documentation as available
 - c. Establish standardized remedial action plans
 4. Define desired participation with development and change of county-wide system (committee membership, etc.)
- B. Concurrent activities
1. Establish procedure for evaluation of EMT-Ps utilizing performance standards through direct observation.
 2. Provide availability of qualified personnel and/or quality assurance liaison personnel for consultation/assistance.
 3. Provide patient information to the base hospital to facilitate obtaining patient follow-up information from receiving hospitals.
- C. Retrospective analysis
1. Develop a process for retrospective analysis of field care.
 2. Develop performance criteria for evaluating the quality of care.
 3. Comply with reporting and other quality improvement requirements as specified by EMS policy and/or contract
- D. Review and update the CQI plan every two years, notifying the Marin County EMS Agency of changes made.

EMS SYSTEM EVENT REPORTING FORM

PURPOSE

To provide a single mechanism by which any system participant can request the attention of Continuous Quality Improvement by notifying the appropriate provider agency and the EMS Agency of an example of exemplary EMS care, educational opportunities, or a specific situation with the goal of system wide continuous quality improvement.

AUTHORITY

Health and Safety Code, Title 22, Division 9

California Administrative Code, Chapter 4

RELATED POLICIES

Continuous Quality Improvement # 2000 et seq.

POLICY

EMS Event Reporting Forms may be initiated by any individual or provider agency upon discovery of exemplary EMS care or to share an outcome of an interesting case that might facilitate education.

EMS Event Reporting Forms *shall* be initiated by any individual or provider agency upon discovery of potential system issues, issues where EMS care could be improved upon, or any event actionable pursuant to Health and Safety Code Section 1798.200.

Only one provider agency or person needs to submit a request although anyone wishing to document the situation or incident may do so.

EMS Event Reporting Forms may be submitted anonymously.

PROCEDURE

“FYI” Events

To report exemplary EMS care provided or an interesting patient outcome to facilitate education, complete the EMS Event Reporting Form and submit to the involved provider's department CQI Liaison. The Marin County EMS Agency CQI Liaison may also be included in any correspondence.

Follow-Up Required Events

To report potential EMS system issues, areas where EMS care could be improved upon, or any event actionable pursuant to Health and Safety Code Section 1798.200, complete the EMS Event Reporting Form and submit to the involved provider's department CQI Liaison as well as the EMS Agency CQI Coordinator and EMS Agency Medical Director.

The provider CQI Liaison receiving the report will acknowledge the receipt of the EMS Event Reporting Form, review the event, and submit a response (including a brief summary of findings and patient disposition) to the sender and the EMS Agency CQI Liaison and Medical Director.

This response should take into account all available information, the provider's CQI Plan, and any relevant county and state policies, procedures and regulations.

Responses should be completed and submitted within 14 days of receipt.

The EMS Medical Director will have final approval of a satisfactory resolution to all EMS Event Reports.

The EMS Agency or Medical Director may also refer issues to the closed session of the CQI Committee.

The EMS Agency will notify all involved providers when the review process is completed and associated issues are resolved.



EMS EVENT REPORTING FORM

MARIN COUNTY EMS AGENCY
 1600 Los Gamos Drive, Suite 220, San Rafael, CA 94903
 ph. 415-473-6871 fax 415-473-3747
 www.MarinEMS.org

PURPOSE (Check all that apply)		
<input type="checkbox"/> Identify examples of exemplary EMS care (FYI) <input type="checkbox"/> Share an outcome of an interesting patient with a provider that might facilitate education(FYI) <input type="checkbox"/> Identify potential systems issues* (follow-up) <input type="checkbox"/> EMS care could be improved (follow-up) <ul style="list-style-type: none"> <input type="checkbox"/> EMS policy and/or procedures were not followed – Policy# _____ <input type="checkbox"/> Protocol was followed but EMS care could be improved 		
REPORTING PERSON		
Name	Date	Phone
Agency/Hospital	Email	
EVENT		
Date	Time	Location
Incident #	Receiving facility	
Details		

*e.g. Protocols were followed but the system did not seem to function well, such as a stroke patient who got tPA but did not meet stroke alert criteria or a patient identified as a limited trauma by the triage tool who had major injuries.

1. This form is to be completed for every reported EMS event.
2. This information should originate from the provider involved and may be submitted anonymously.
3. FYI events - submit form to Provider Agency CQI Coordinator.
4. Follow-up events - submit form to EMS Agency CQI Coordinator.
5. All reports and follow up should be handled with confidentiality and in coordination with CQI personnel.
6. Individuals receiving the report of Follow-up events will complete a summary of findings and disposition of the event and submit to the EMS Agency CQI Coordinator and all involved CQI personnel.