DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **EMS QUALITY IMPROVEMENT PROGRAM (EQIP) COMMITTEES** REFERENCE NO. 618

PURPOSE: To monitor and evaluate the quality of prehospital care within Los Angeles County. The EMS Quality Improvement Program (EQIP) Committee(s) will review and make recommendations to the Medical Director concerning system prehospital emergency medical care.

AUTHORITY: California Code of Regulations, Title 22, Division 9
Health and Safety Code Division 2.5
California Evidence Code, Section 1157.7
California Civil Code Part 2.6, Section 56

PRINCIPLE: The proceedings of the EQIP Committees are confidential; any information received during these proceedings shall be considered confidential and/or privileged by the committees. Anyone providing any evidence or information to these committees shall be assured that the information is being received in confidence.

POLICY:

I. The EQIP Committees include the following:

A. EMS Agency Technical Advisory Group (TAG)
B. Base Hospital/911 Provider Agency QI
C. Private Non-911 Provider Agency QI
D. Specialty Center QI Committees:
1. Trauma System QI Committee
2. Trauma Hospital Advisory Committee (THAC) Sub-Committees, ad hoc
3. Trauma Hospital Regional QI Program
4. STEMI Receiving Center Advisory QI Committee (SRCA-QIC)
5. STEMI Receiving Quality Improvement Sub-committee, ad hoc
6. Standing Field Treatment Protocol (SFTP) QI
7. Pediatric Advisory Committee (PedAC)

II. Committee member or designee responsibilities include:

A. Attend scheduled QI committee meetings.

B. In collaboration with the Los Angeles County EMS Agency TAG, identify prehospital care issues, provide recommendations, develop a plan for improvement, and monitor results.

C. Develop and validate system QI indicators and/or studies.

APPROVED: Cathy Chidester — Director, EMS Agency; William S. Koenig — Medical Director, EMS Agency

D. Participate in system-wide data collection and reporting. Each QI Committee member shall submit data to the EMS Agency on system-wide indicators, when applicable.

E. Coordinate focused studies and compile data on selected issues.

III. QI Committee membership shall include, but is not limited to, the following representative(s) or designee(s):

A. EMS Agency TAG

1. LAC EMS Agency Medical Director
2. LAC EMS Agency Director/Assistant Director(s)
3. Designated EMS Agency staff
4. 9-1-1 Receiving Hospital
5. Public Provider Agency Medical Director
6. Paramedic Coordinator
7. Provider Agency Nurse Educator
8. Paramedic Training Program Director
9. Representative from an approved EMT Training Program
10. Representative from the Los Angeles County Ambulance Association
11. Representative from an Emergency Medical Dispatch Agency
12. Ad hoc members, as needed

B. Base Hospital/9-1-1 Provider Agency QI:

1. EMS Agency Medical Director
2. EMS Agency System QI Coordinator
3. Designated EMS Agency staff
4. Prehospital Care Coordinators from each Base Hospital
5. Paramedic Coordinator and/or Fire Department Nurse Educator from each 9-1-1 Provider Agency
6. Air Operations Provider Agency, ad hoc
7. Emergency Medical Dispatch, ad hoc
8. Ad hoc members, as needed

C. Private/Non-9-1-1 Provider Agency QI:

1. EMS Agency Medical Director
2. EMS Agency System QI Coordinator
3. Designated EMS Agency staff
4. QI Coordinator from Non 9-1-1 BLS/ALS/CCT provider agencies
5. Representative(s) from approved Paramedic Training Programs
6. Representative(s) from approved EMT Training Programs
7. 9-1-1 Provider Agency member, ad hoc
8. Emergency Medical Dispatch representative, ad hoc
9. Ad hoc members, as needed

D. Specialty Center QI – see applicable policies and bylaws:

1. THAC (System Regional, and Sub-committee)
2. SRC (System and Sub-committee)
3. SFTP
4. PedAC

IV. EQIP Committee Responsibilities:

A. The EQIP Committees shall meet quarterly unless otherwise specified by the EMS Agency Medical Director, policy or committee bylaws.

B. The EMS Agency is responsible for arranging the meeting location, maintaining a membership attendance roster, meeting agenda, and recording/distributing meeting minutes.

C. Significant unresolved systems issues shall be forwarded, with written recommendations, to the EMS Agency Director and/or Medical Director for further review.

CROSS REFERENCES:

Prehospital Care Policy Manual:
Ref. No. 813, **Standing Field Treatment Protocols**
Ref. No. 614, **Trauma System Quality Improvement Committee**
Ref. No. 615, **Trauma System Quality Improvement Sub-committee – Trauma Hospital Advisory Committee (THAC-QI)**
Ref. No. 616, **Trauma Hospital Regional Quality Improvement Committee**
Ref. No. 620, **EMS Quality Improvement Program (EQIP)**
Ref. No. 620.1, **EMS Quality Improvement Program (EQIP) Plan**

California EMS Authority, **Quality Improvement Program Model Guidelines, 2005**
LA County EMS Agency, **Quality Improvement Plan, 2011**
LA County EMS Agency, **SRC Standards**
LA County EMS Agency, **PedAC Bylaws**