

DEPARTMENT OF HEALTH SERVICES
COUNTY OF LOS ANGELES

SUBJECT: **EMS QUALITY IMPROVEMENT PROGRAM**

REFERENCE NO. 620

PURPOSE: To establish a process for the Los Angeles County Emergency Medical Services (EMS) Agency and system participants to evaluate the EMS system to ensure safety and continued improvement in prehospital patient care delivery.

AUTHORITY: California Code of Regulations, Title 22, Chapter 12
Health and Safety Code Division 2.5
California Evidence Code, Section 1157.7
California Civil Code Part 2.6, Section 56

DEFINITIONS:

Indicator: A well-defined, objective, measurable, and important aspect of care.

Important Aspects of Care: Patient care activities that are of greatest significance to the quality of patient care. These include activities that are high in volume, high risk, and/or problem prone for patients and/or healthcare providers.

Periodic Review: A re-evaluation of a discontinued indicator within a predetermined time frame after achievement of threshold to ensure ongoing compliance.

Quality Improvement (QI): The analysis of performance and systematic effort to improve it.

Threshold: A pre-established level of performance related to a specific indicator.

Technical Advisory Group (TAG): A group of EMS system participants (stakeholders) that assist in the implementation of the QI process.

Unusual Occurrence: An unexpected event that has impacted or could potentially impact the routine safe delivery of care.

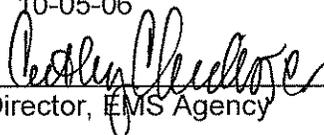
PRINCIPLES:

1. An EMS QI program is an essential component of an effective EMS system capable of providing quality patient care and achieving system performance goals. Each system participant shall develop and maintain a QI program consistent with state and local requirements.
2. Key components of an EMS QI program include:
 - a. Personnel
 - b. Equipment and Supplies
 - c. Documentation
 - d. Clinical Care/Patient Outcome
 - e. Skills Maintenance/Competency

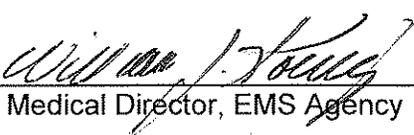
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APPROVED:



Director, EMS Agency



Medical Director, EMS Agency

- f. Transportation/Facilities
 - g. Risk Management
 - h. Public Education/Prevention
- 3. EMS organizations become valuable stakeholders in the State QI program by participating in the local EMS Agency QI program.
 - 4. Randomized data sampling may be utilized to measure an indicator or monitor performance. However, to obtain meaningful data that is representative of the study population, factors such as the population affected, the frequency of the activity, and the severity of consequence when thresholds are not met, must all be considered when determining the size and population of data samples.

POLICY:

- I. EMS Agency Responsibilities:
 - A. Implement a state-approved EMS QI plan consistent with all regulatory requirements.
 - B. Review QI programs and approve QI plans of local EMS system participants.
 - C. Maintain a systemwide QI program.
- II. EMS Provider Agency and Base Hospital Responsibilities:
 - A. Implement and maintain a QI program approved by the EMS Agency that reflects the organization's current QI process(es).
 - B. Demonstrate how EMS QI is integrated within the organization.
 - C. Designate a representative to attend the relevant EMS Agency QI Committee meeting(s).
 - D. Participate in systemwide QI studies, to include timely submission of requested data to the EMS Agency.
 - E. Provide education, training, or other methods utilized to disseminate information (i.e., newsletters or posters) specific to findings identified in the QI process.
 - F. Establish and maintain relationships with stakeholders (e.g., Technical Advisory Group) and, as needed, convene meetings to facilitate the QI process.
 - G. Review the QI plan annually and update as needed. If there are no revisions, a signed copy of the QI plan signature page or written statement to that effect, along with a copy of the current QI indicators, may be submitted in lieu of the entire plan.

III. Specialty Care Center Responsibilities:

- A. Participate in the EMS QI Program, to include collection and submission of data to the EMS Agency.

IV. QI Plan Requirements

Each QI plan shall include a description, at minimum, of the following components:

A. Organizational Structure

1. Mission statement and/or philosophy of the organization.
2. Goals and objectives.
3. Organizational chart or narrative description of how the QI program is integrated within the organization (include local stakeholder participation), EMS Agency QI Program, and State EMS QI Program.
4. Organizational chart or narrative description of how the organization's QI program is integrated with local and State QI programs

B. Methodology, processes and tools used to facilitate the QI Process (i.e., FOCUS-PDSA)

- F Find a process to improve
- O Organize an effort to work on improvement
- C Clarify current knowledge of the process
- U Understand process variation and capability
- S Select a strategy for further improvement

- P Plan a change or test aimed at improvement
- D Do – carry out the change or the test
- S Study the results, what was learned, what went wrong
- A Act – adopt the change, or abandon it, or run through the cycle again

C. Data Collection and Reporting

1. All reliable sources of information utilized in the QI process; including EMS databases, prehospital care records, checklists, customer input, direct observations, and skills simulation.
2. Flow of information.
3. Methods used to document QI findings.
4. Process used to submit data to the EMS Agency.

D. Training, education or methods that will be used to communicate relevant information among stakeholders.

V. QI Program Requirements

Each QI Program shall include, at minimum, the following:

- A. An approved QI Plan
- B. Develop a minimum of two QI indicators that relate to important aspects of care, to include the following:
 - 1. Well-defined description of the important aspect of care being measured.
 - 2. Threshold for compliance.
 - 3. Timeline for tracking indicator once the threshold has been achieved.
 - 4. Data source.
- C. Methods for tracking compliance and identifying trends.
- D. Written analysis that summarizes the QI findings.
- E. Corrective actions that may be taken to improve processes.
- F. Written trending report that includes effectiveness of performance improvement action plans.
- G. Education and training specific to findings identified in the QI process.
- H. Methods utilized for dissemination of the QI findings to stakeholders.
- I. Recognition and acknowledgment of performance improvement.
- J. Periodic review or a re-evaluation of a discontinued indicator within a predetermined time frame after achievement of threshold to ensure ongoing compliance.
- K. Methods for identifying, tracking, documenting and addressing non-indicator issues and unusual occurrences.
- L. Record Keeping
 - 1. All QI records shall be maintained in accordance with Health Insurance Portability and Accountability Act (HIPAA) regulations.
 - 2. The following records shall be maintained and available for review until the EMS Agency Program Review is concluded:
 - a. QI meeting minutes and attendance rosters/sign-in sheets.

- b. Attendance rosters/sign-in sheets for activities where QI findings and/or actions are discussed.
- c. QI indicator(s) data collection tools.
- d. Written summaries of the trending/analysis.
- e. Documentation of dissemination of QI findings to stakeholders.
- f. Dates and times of continuing education and skill training based on QI findings.
- g. Dates and times of remedial education or skills training, when provided.
- h. Non-indicator tracking tool for monitoring performance excellence, unusual occurrences or issues regarding non-compliance with current policies and procedures outside of QI activities.

CROSS REFERENCES:

Prehospital Care Policy Manual:

Ref. No. 602, **Confidentiality of Patient Information**

Ref. No. 618, **EMS Quality Improvement Program Committees**

California EMS Authority, Quality Improvement Program Model Guidelines, 2005

Los Angeles County EMS Agency Quality Improvement Plan: ems.dhs.lacounty.gov/QI/QI