



## DEPARTMENT OF PUBLIC HEALTH

### Emergency Medical Services Agency

POLICY #655.00

TITLE: **QUALITY IMPROVEMENT PROGRAM APPROVAL**

APPROVED: ON-FILE

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ON-FILE

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**Authority:** California Health and Safety Code Sections 1797.220 – 226 and California Code of Regulations, Title 22, Social Security, Division 9, Prehospital Emergency Medical Services, Chapter 12, EMS System Quality Improvement, Sections 100400 - 100405.

**Definitions:** Quality Improvement – means a method of evaluating services provided, which includes defined standards, evaluation methodologies and utilization of evaluation results for continued system improvement; also referred to as Quality Assurance, QA and QI.

ALS Provider - means any private or public entity or person operating one or more advanced life support (ALS) ambulances licensed to provide such services by the Merced County EMS Agency.

Local EMS Agency - means the Merced County Emergency Medical Services Agency.

**Purpose:** The purpose of this policy shall be to establish guidelines for the development and approval of ALS provider-based Quality Improvement Programs within Merced County.

**Policy:** All licensed ALS Providers shall have a Quality Improvement program approved by the EMS Agency. Program proposals submitted for approval shall meet the minimum standards as established herein.

**Procedure:**

1. Providers shall submit to the local EMS Agency a proposal that outlines the Quality Improvement program describing the components of the QI process, i.e., Plan, Do, Study and Act along with the following minimum criteria:
  - A. Field Personnel Standards of quality care.
  - B. Selection criteria for QI Committee membership.
  - C. Evaluation methodology, i.e., audit filters, customer surveys, satisfaction forms, data collection, etc., which analyze current trends as well as effectiveness of corrective actions.
  - D. Copy of bylaws of the QI committee.
  - E. A copy of program objectives and organizational structure.

- F. A description of the proposed process for implementing corrective action, to include both system and individual issues.
  - G. Copies of Peer Audit Forms and any other forms used in the QI process.
  - H. A written plan describing how the provider will report system and/or individual issues to the local EMS Agency. This shall detail when events are to be reported to the local EMS Agency, i.e., program triggers, etc. The written plan should be consistent with the outline provided by EMSAAC's EMS Quality Improvement Plan (EQIP) Template. The EMSAAC EQIP Template accompanies this policy.
  - I. A written administrative endorsement for the QI process to include committee authority to act on or recommend policy, procedural, and/or protocol changes which may affect patient care.
2. QI Review shall include the following minimum components:
- A. Dispatch functions.
  - B. Prehospital care.
  - C. Interfacility Transfers.
  - D. Community Relations/Awareness/Prevention.
3. Program Approval Process
- A. Provider must submit the completed plan to the Merced County EMS Agency.
  - B. The Agency shall approve or disapprove the plan within thirty (30) days of receipt of the completed plan.
  - C. Providers whose plan is approved shall be required to update their plan every two (2) years, and submit the plan thirty (30) days prior to the expiration of their current approval.



# Emergency Medical Services Quality Improvement Program (EQIP) Template

Submitted by

<Insert Your Provider or Agency Name>

<Date of Submission>

### Instructions and Notes

1. *This EMS QI Plan (EQIP) Template is meant to guide you through the process of writing a QI Program that meets the minimum requirements set by the California Code of Regulations,, Title XXII, Chapter 12, which can be accessed on the Emergency Medical Services Authority website at [www.emsa.ca.gov/laws/files/ch12\\_emsqi\\_101004.pdf](http://www.emsa.ca.gov/laws/files/ch12_emsqi_101004.pdf). Anyone wishing to exceed these requirements or to customize the QI Program to your individual organization is encouraged to do so, as long as the minimum requirements are still met.*
2. *The EQIP shall be in accordance with the Emergency Medical Services System Quality Improvement Program Model Guidelines (Rev. 3/04), hereinafter referred to as the Model Guidelines. The Model Guidelines can be accessed on the EMSA website at [www.emsa.ca.gov/pubs/pdf/emsa166.pdf](http://www.emsa.ca.gov/pubs/pdf/emsa166.pdf).*
3. *Although it is understood that resources, both financial and personnel are scarce for some organizations, it is expected that all providers will be compliant with the California EMS Information System (CEMSIS) data standards. The goal is to be level III CEMSIS compliant to ensure standardization in the data collection processes.*
4. *For those organizations wishing to exceed CEMSIS compliance, or who wish to monitor an element not contained in CEMSIS, please look to the National EMS Information System (NEMSIS) data dictionary to see if the data element you wish to monitor is there. If it is located in NEMSIS, it should be used as stated in NEMSIS and the EMSA should be notified so the element can be included in the next version of CEMSIS. If the desired element is not found in CEMSIS or NEMSIS the element should be developed collaboratively to allow for consistent quality improvement.*
5. *Data will be submitted in accordance with LEMSA policies, protocols, and procedures, as well as CEMSIS and NEMSIS data standards<sup>1</sup>.*
6. *Submit one paper copy of your Emergency Medical Services (EMS) Quality Improvement Program (EQIP) to your LEMSA by the appropriate deadline. In your cover letter, please include the contact name and e-mail address, and phone number of the QI Program contact person at your agency.*
7. *Describe your current or planned approaches that respond to each item. If your current approaches are incomplete with respect to the item, work with your QI Team, Technical Advisory Group, or other appropriate person(s) to develop a complete approach that you intend to utilize, and describe it in your program. It is acceptable to describe your current approach and your planned future approach.*
8. *Responses to the items should be real and practical, not theoretical. In your responses, specify how your organization will meet the item requirement, on what timeframe, involving what participants (job title), and using what data.*
9. *If your organization has a QI Plan or other documents describing responses needed in your program, you may attach such documentation and identify page numbers and paragraphs that respond to questions in this QI Template.*
10. *Program length guideline: maximum 20 pages. This is not a “hard” rule, but a guideline. It is permissible to use diagrams, flowcharts, tables, other graphical depictions, and/or narrative descriptions.*
11. *The Table of Contents below will automatically insert pages numbers using the Word software style “Headings” in this document. If you change the Headings or style of font, the automatic feature will be disabled. To update your Table of Contents, place your cursor anywhere in the table below and press F9 on your computer. Select “Update entire table.” You may delete these italicized Instructions and Notes before you submit your EQIP.*

<sup>1</sup> If you add an element not included in CEMSIS, NEMSIS, or the Model Guidelines, or if it is not included as part of a trial study, the element must be defined at the local level and included in your annual EQIP update.

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## I. Structure and Organizational Description

- A. Describe your organizational structure, indicating your QI Program Coordinator, your Medical Director or designee (if you have one), and your internal QI structure (which may include your Medical Director or designee, QI Program Coordinator, and/or your Data Specialist). Internal QI structure may include one person or it may use an existing group in your organization, depending upon your organization's resources. Please note experience or training, if any, in EMS QI program management in your description. Include a description of your Technical Advisory Group, your internal QI team, and other EMS participants or groups, along with each group/individual's responsibilities as described in the Model Guidelines.
- B. Describe your organization's:
- Mission or purpose
  - EMS services provided
  - EMS system goals that provide overall guidance to your organization's EQIP.

*This information should guide the remaining sections of this QI Plan and help the QI Plan reviewers understand your Plan. Please include an organization chart showing how the QI Program is integrated into the agency.*

## II. Data Collection and Reporting

- A. Identify the specific quality indicators that your organization measures or plans to measure, including indicators required by your LEMSA. Organize your quality indicators under the following nine categories. *(Refer to the California State EMS System Quality Improvement Program Model Guidelines, Section II Data Collection and Reporting for guidance on how to select these indicators. Refer to Appendix E: Indicator Categories, for indicators relative to your role in the EMS system. Refer to Appendix M: Quality Improvement Sample Indicators, for assistance identifying the indicators that relate to your organization.)*
- (1) Personnel
  - (2) Equipment and Supplies
  - (3) Documentation
  - (4) Clinical Care and Patient Outcome
  - (5) Skills Maintenance/Competency
  - (6) Transportation/Facilities
  - (7) Public Education and Prevention
  - (8) Risk Management
  - (9) Other (if not applicable to any of the other eight categories)
- B. Describe the process used by your organization to select the above-listed indicators. *(Refer to Appendix F: Development of Standardized EMS Indicators, for guidance.)*
- C. Describe how, when, and who (job title) in your organization collects data on these indicators.
- D. Describe who (job title) in your organization receives reports on these indicators, on what schedule.

### III. Evaluation of Indicators

- A. Describe how, how often, and who (job title) in your organization analyzes the quality indicators to enable rapid interpretation by the evaluators (Technical Advisory Group).
  - The results and measurements of indicators should be presented to the users of the information in a formal process and on a regularly scheduled basis.<sup>2</sup>
  
- B. Describe or give an example of the format for presentation of quality indicator analyses (described above) to the Technical Advisory Group. *(Refer to California State EMS Quality Improvement Program Model Guidelines Section III Evaluation of EMS System Indicators, Presentation Section, for possible formats.)*
  
- C. Describe how and when your Technical Advisory Group evaluates and makes decisions using the indicators and analyses described above.

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<sup>2</sup> Emergency Medical Services System Quality Improvement Program Model Guidelines, Section III, "Evaluation of EMS System Indicators", page 16-Presentation



## IV. Action to Improve

- A. Describe your organization's current or planned standard approach to performance improvement. Include the steps and sequence for action planning to improve upon results in indicators described in the previous section. (*Refer to Appendix H, I, and J for examples.*)
  
- B. Describe how and when the Technical Advisory Group, QI Team, and any Task Forces are involved in improvement action planning and implementation (*Refer to Model Guidelines, Section IV, Action to Improve, Quality Task Force.*)
  
- C. Describe what activities, programs, and/or systems your organization has in place to communicate issues regarding QI activities to involved EMS stakeholders.
  
- D. Describe the planning process used to implement changes in your organization.

## V. Training and Education

- A. Describe how, how often, and who (job title) in your organization selects and provides training and to appropriate staff who deliver care to patients or services to EMS staff who deliver care to patients.
- The EMS QI Team and/or the Technical Advisory Group shall have input into the content and delivery methods of related training and education <sup>3</sup>
  - Oversight for directing clinical training, and education shall be at the highest level of medical knowledge <sup>3</sup>
- B. Describe how, how often, and who (job title) in your organization standardizes needed changes resulting from improvements in policies and procedures
- C. Describe how, how often, and who (job title) assures that staff successfully completes training and education required in your QI Program.
- D. Describe the process used by your organization to incorporate training issues identified in the QI process into your training program.
- E. Who (job title) is responsible for scheduling continuing education at appropriate reoccurring intervals?
- F. Describe how, how often, and who (job title) assures that verifiable, ongoing training that is appropriate to the skill level and service goals of the organization are completed.

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<sup>3</sup> Emergency Medical Services System Quality Improvement Model Guidelines, Section V, "Training and Education", page 18-Medical Direction

## VI. Annual Update

The Annual Update is a written account of the progress of an organization’s activities as stated in the EMS QI Program. In compiling the Annual Update, refer to the previous year’s update and work plan. Describe how, how often, and who (job title) in your organization evaluates the QI Program (annually at minimum). Annual review/updates shall 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, what follow-up is needed, if any? The update shall include, but not be limited to a summary of how the organization’s EQIP addressed the program indicators. The EQIP

shall be reviewed by the LEMSA or the EMSA at least every five (5) years.

### Description of agency

The description should include an organizational chart showing how the EMS QI Program is integrated into the organization.

### Statement of EMS QI Program goals and objectives

Describe processes used in conducting quality improvement activities.

Were goals and objectives met?

### List and define indicators utilized during the reporting year

- Define state and local indicators
- Define provider specific indicators
- Define methods to retrieve data from receiving hospitals regarding patient diagnoses and disposition
- Audit critical skills
- Identify issues for further system consideration
- Identify trending issues
- Create improvement action plans (what was done and what needs to be done)
- Describe issues that were resolved
- List opportunities for improvement and plans for next review cycle
- Describe continuing education and skill training provided as a result of Performance Improvement Plans
- Describe any revision of in-house policies
- Report to constituent groups
- Describe next year’s work plan based on the results of the reporting year’s indicator review

### Sample Work Plan Template

Indicators Monitored	Key Findings/Priority Issues Identified	Improvement Action Plan Plans for Further Action	Were Goals Met? Is Follow-Up Needed?