

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

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QUALITY IMPROVEMENT PROGRAM

I. PURPOSE

- A. The purpose of this policy is to maintain an effective method for monitoring and evaluating patient care.
- B. To define the local EMS System data collection and utilization.
- C. To establish standards of patient care and to resolve identified problems through a systematic quality improvement (QI) program.
- D. To define the minimum required elements of provider QI plans.

II. AUTHORITY

- A. California Health and Safety Code, Division 2.5, Sections 1797.10, 1797.107, 1797.174, 1797.176, 1797.204, 1797.220, and 1798
- B. California Code of Regulations, Title 22, Division 9, Chapter 12, Sections 100147, 100400, 100401, 100402, 1004003, 1004004, and 1004005.

III. REFERENCE

- A. EMSA #163 EMS System Quality Improvement Indicators (Appendix M)
- B. EMSA #166 EMS System Quality Improvement Guidelines

IV. EMS SYSTEM QI

- A. The EMS Agency will develop a Quality Improvement Program in accordance with EMS Authority requirements and EMS QI Program Model Guidelines.
- B. The EMS Agency shall use the EMS System Quality Indicators to evaluate quality of prehospital care in the San Francisco EMS System.
 - 1. The EMS System Quality Indicators consist of variables collected in the Local EMS Information System (LEMSIS-Policy 6020).
 - 2. The EMS System providers shall collect, compile and submit LEMSIS data elements pursuant to the LEMSIS policy.
 - 3. The EMS Agency shall manage the LEMSIS data repository and its elements.
- C. The EMS Agency shall analyze the EMS System quality indicators based upon the data elements collected in the LEMSIS data repository.
 - 1. The EMS Agency Medical Director shall report the results of the EMS Agency quality indicator analysis to the Emergency Medical Services Advisory Committee.
- D. Clinical acts or system issues that constitute a threat to public health and safety or integrity of the EMS System shall be reported through the EMS Agency Incident Reporting process in Policy 6020.
- E. When the EMS Agency identifies performance improvement needs, the Agency will develop performance improvement plans in cooperation with appropriate provider agencies.

F. The Medical Director may require prehospital personnel as a condition of reaccreditation or recertification to participate in any prehospital clinical training conducted by the Base Hospital that has been recommended through the EMS System quality indicator analysis.

G. The continuous process of data collection, evaluation and analysis using the LEMSIS data repository and the EMS System quality indicators as described above is the foundation for improving the quality of care in the San Francisco EMS System.

V. BASE HOSPITAL QI PROGRAM

A. The Base Hospital shall be the primary training component of the EMS system QI program as described in Policy 5011, Sections III, D, and E.

VI. PROVIDER QI PROGRAMS

A. Each approved EMS provider shall develop, and submit to the EMS Agency for approval, a comprehensive Quality Improvement Plan meeting the requirements of 22 CCR 100402 and which address but are not limited to the following:

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. Quality indicators defined by EMSA regulation and those indicators unique to San Francisco and defined in the LEMSIS policy.

B. Providers will develop internal policies requiring participation in the QI process, including remediation, with provisions for disciplinary action for non-compliance.

C. Providers will participate in the QI activities of the LEMSIS Steering Group (refer to Policy 6010) for the purpose of conducting audits of prehospital audio communications and patient care records to evaluate outcomes and system performance in order to identify opportunities for improvement.

D. Providers will conduct an annual review of the QI program and revise the written plan for the upcoming year as necessary to meet performance objectives.

E. Providers will submit a report of the annual review and plan for the upcoming year to the EMS Agency detailing: QI and training activity to include analysis of quality indicators, any formal remediation and disciplinary actions taken in accordance with the Incident Reporting policy.

F. Records of QI activity, including individual employee records, must be stored in a secured environment with access limited to QI and management personnel only

1. Records must be available to the EMS Agency for review:
 - a) During site evaluations
 - b) As part of an investigation
 - c) As determined by the EMS Medical Director with advanced notice.