

Subject: Administration – Quality Assurance  
**Continuous Quality Improvement - North Coast EMS**

Associated Policies: 2100's, 3000's, 4000's

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- I. Authority and Reference (incorporated herein by references)
  - A. Division 2.5 of Health and Safety Code
  - B. California Code of Regulations, Title 22
  - C. North Coast EMS Policies and Procedures
  - D. State Emergency Medical Services Authority
  - E. JCAHO Regulations for Health Care
  
- II. Purpose  
To provide a standardized approach for quality improvement activities by North Coast Emergency Medical Services.
  
- III. Procedure
  - A. The mission of North Coast EMS is to enhance the emergency medical services system consistent with California state laws and continuous quality improvement principles, through the pursuit of personal excellence, effective leadership and positive working relationships.
  - B. Goals of the North Coast EMS CQI program include:
    - 1. To promote increased knowledge and improved performance for the emergency care professionals, including medical dispatch, first responder, EMT-I, EMT-II, EMT-P and hospital providers. This is accomplished through leadership, education, training, evaluation, remediation, reinforcement and positive communication.
    - 2. To contribute to the overall development of the emergency medical services system through research, community education, problem resolution and inter-agency cooperation.
    - 3. To create an environment which supports the dynamic process of self-determination, by creating a vision of pride in profession, an atmosphere of teamwork and open communication.
    - 4. To create a system that is secure enough to ask difficult questions and look openly in the mirror of self-appraisal.
    - 5. To create a system that inspects the process for deficiency rather than retrospective focus on mistakes.
  - C. Confidentiality is vital to effective management of the quality improvement process and patient care activities. All participants in the review of medical records and/or personnel information, for the purpose of quality improvement will be educated to the confidentiality requirement of the agency and will be asked to sign a confidentiality pledge. A violation of the confidentiality pledge by an employee will result in discipline, up to and including termination.

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- D. Hiring practices of North Coast EMS shall conform to all government requirements, including those for non-discrimination. All positions shall be filled with the most qualified applicant by education and/or experience. It is the policy of this agency to apply objective hiring criteria.
- E. Policies and procedures are the process by which the standards of care for clinical practice are established in the North Coast EMS region. Policies for the internal use of the agency are approved by the Executive Director and the Joint Powers Agency (JPA) Governing Board. Policies are written in a standard format and are revised as outlined in guidelines.
- F. Training of new employees is an essential component of the CQI process and is an important function within the agency. Orientation of new employees is the responsibility of the Executive Director or his/her designee. Competency, an important component of the CQI process, is evaluated within the first six months of employment. In addition, approving regional training standards is an important function of North Coast EMS. It is through standardization of requirements for training that the clinical standard of care is taught within the region.
- G. Remediation: The primary focus of CQI is to look for system trends and deficiencies. Remediation of personnel is not appropriate for faults with the system or process. The Executive Director of North Coast EMS is responsible for agency staff remediation.
  - 1. Remediation should always occur at the lowest level. Those responsible for remediation include the Executive Director, JPA Governing Board and the California EMS Authority.
  - 2. If a performance deficiency exists, and has not had satisfactory resolution, progressive discipline is to be initiated, up to and including termination of agency staff. Some crimes, such as theft, embezzlement, etc., or some acts, such as gross insubordination, malicious and willful misconduct, etc., require no progressive discipline; termination can be immediate.
  - 3. All remediation is to be timely and just.
  - 4. All discipline will have closure as directed by the Executive Director.
- H. Annual performance evaluations are an integral part of the CQI process and North Coast EMS. All agency personnel are to receive a performance evaluation six months after initial employment, then annually thereafter.
- I. Peer review is consistent with the principles of CQI and is to be utilized in the performance evaluation of personnel. There are many ways to obtain this peer review. The system can be formal or informal (i.e., formal peer

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review using an industry standard peer review tool vs. informal peer review done by interviewing staff).

- J. Customer Satisfaction: Customers of North Coast EMS include, but are not limited to, the following: prehospital care patients, community members, community medical staff, prehospital personnel, Mobile Intensive Care Nurses (MICN's), Prehospital Care Nurse Coordinators (PCNCs), base hospitals, Office of Emergency Services (OES), JPA Governing Board members, agency staff, Prehospital Care Medical Directors (PCMD's), providers, county representatives, and all other members of the EMS community.
- K. Agency Interactions: Communication is core to the improvement of any process. Therefore, the interactions between this agency and others is critical to the CQI process. One important link is the liaison from each of the providers and hospitals. Details of these roles and responsibilities are included in other policies. Refer to the policies in the section numbered 2100's.
- L. Sentinel Events/Unusual Occurrences/Quality Improvement Reports: These reports are to be completed for identifying opportunities to improve, or to report any unusual occurrence. This may be related to equipment, process or personnel issues. ANYONE can complete a report form. See Policy and Procedure #2104 entitled *Quality Improvement/Unusual Occurrence Report*. All reports will be investigated as outlined in Policy and Procedure #2104 Addendum, pertaining to the *Incident Review Process*. There will be opportunity for the initiating personnel to identify if this incident is for information only, or if it is for North Coast EMS QA Committee review and the initiator would like feedback on the event or occurrence. A summary of all reports will be submitted semi-annually to the QA Committee for the express purpose of evaluating quality of care and exploring opportunities for improvement. See Policy and Procedure #2110, *Quality Assurance Committee*.
- M. Data: One source of data is the data collected by the centralized Prehospital Care Report (PCR) computer system. Reports from the PCR data base may be generated by identified needs or to regularly monitor trends. Data may also be acquired by other methods. All data is to be presented in the most statistically responsible method possible. Standard graphing tools should be utilized whenever possible. Medical records, PCR's, tapes, coroner's reports, billing information, dispatch information and the results of brainstorming relevant criteria regarding other possible sources of data. Further information about data can be obtained from the data project guidelines.

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- N. Patient Outcomes: An essential element of any CQI program is the examination of the outcome of the process. Providing care for the prehospital patient is the primary process for which North Coast EMS exists. Therefore, it is essential that outcomes be examined. Patient outcome data is provided to North Coast EMS from:
1. Providers
  2. Base hospitals, alternate base hospitals, receiving hospitals
  3. Physicians, coroners
  4. Other EMS agencies
  5. Others
- This outcome data is to be presented to the QA Committee and at least annually to the JPA Governing Board. An evaluation of this data (i.e., compared to benchmark data) will include a plan for improvement, if appropriate.
- O. Relevant Criteria: QI criteria or topics that have been selected for ongoing monitoring or focused review, will be evaluated annually at both the site review of the providers and the base hospitals. The process for the selection of the criteria or topics for this ongoing or focused review will also be evaluated (i.e., is this monitoring of relevant criteria?).
- P. Focused Audit: A focused audit may be performed whenever it is necessary to gather data about the performance of an individual, protocol, system, receiving facility or provider agency. This information is to be shared in a timely fashion. This is NOT the primary focus of the CQI process and should never be utilized in the place of looking for system deficiencies and opportunities for improvement. North Coast EMS staff will assist with a focused audit as needed by the providers/hospitals.

Approved: 

Approved as to Form: 