

**SIERRA-SACRAMENTO VALLEY  
EMERGENCY MEDICAL SERVICES AGENCY**

**REGIONAL CONTINUOUS QUALITY IMPROVEMENT (RCQI) COMMITTEE  
BYLAWS (Reference No. 211)**

**A. NAME:**

This Committee shall be referred to as the Regional Continuous Quality Improvement Committee (COMMITTEE).

**B. IMPLEMENTATION AUTHORITY:**

1. The COMMITTEE is established by the Medical Director of the Sierra-Sacramento Valley Emergency Services Agency (AGENCY).
2. The AGENCY is a Multi-County Joint Powers Agency responsible to receive base hospital and service provider input and direction specific to prehospital medical care in the JPA region.
3. The COMMITTEE is created pursuant to the requirements of California Health and Safety Code Section 1157.7 and California Code of Regulations, Title 22, Division 9, Prehospital Emergency Medical Services, Chapter 12, EMS System Quality Improvement.

**C. PURPOSE:**

1. To promote region-wide standardization of prehospital continuous quality improvement.
2. To monitor, evaluate and report on quality of prehospital training, care and transportation, including compliance with laws, regulations, policies and procedures and recommend revisions and/or corrective action as necessary.
3. To make recommendations specific to EMS provider, hospital and AGENCY data collection and dissemination.

**D. DUTIES:**

1. Collaborate with AGENCY in monitoring and evaluating EMS system indicators from EMS system participants within AGENCY's jurisdiction.
2. Re-evaluate, expand upon and revise locally developed indicators used by the COMMITTEE for EMS quality improvement.
3. AGENCY will provide a follow-up status report to the COMMITTEE on all cases presented until the case CQI loop is closed.

#### E. MEMBERSHIP:

1. Voting membership will include the following representatives from the AGENCY's region appointed by the AGENCY:
  - Six (6) base, modified base, or receiving hospital physician or RN quality improvement representatives
  - Six (6) contracted ALS 9-1-1 transport service provider quality improvement representatives.
  - Six (6) public EMS provider quality improvement representatives (a minimum of one BLS provider representative must serve on the committee).
  - One (1) ALS or BLS non-contracted transport service provider quality improvement representative.
  - Two (2) air ambulance quality improvement representatives.
  - One (1) ALS air rescue quality improvement representative.
  - One (1) Level I, II or III Trauma Hospital physician or nursing quality improvement representative.
  - One (1) EMT training program quality improvement representative
  - One (1) paramedic training program quality improvement representative
2. A minimum of one (1) primary and one (1) alternate physician must serve on the committee.
3. Each member shall have an alternate available to assume the member's responsibilities in their absence.
4. Members will be appointed by the AGENCY in a fair and equitable way from a group of interested and qualified candidates in such a manner to ensure adequate representation of all counties and disciplines of the EMS system.
5. Non-voting membership will include a representative of the AGENCY. In addition, any representative from the categories listed above may attend meetings if confidentiality requirements are met.

#### F. OFFICERS/TERMS:

1. The COMMITTEE shall elect a Chair and Vice-Chair.
2. Officers shall be elected by the COMMITTEE for two (2) year terms commencing July 1<sup>st</sup> of the first year through June 30<sup>th</sup> of the second year.
3. If the Chair's office is vacated prior to the term's end, the Vice-Chair will assume the duties for the remainder of the term and a new Vice-Chair will be elected.
4. If the Vice-Chair's office is vacated prior to term's end, a replacement will be elected.

5. Members shall serve at the will of the COMMITTEE, or until removed, resigned or replaced.

#### G. MEETINGS/VOTING/QUORUM:

1. Meetings will be held on a regular basis, no less than three (3) times in a calendar year. Meeting dates and times will be set or modified as agreed to by the COMMITTEE.
2. Special meetings may be called by the AGENCY medical director or the Chair as appropriate, or upon request of a majority of COMMITTEE members.
3. A quorum to conduct business shall consist of a minimum of five (5) eligible voting members.
4. Members who are unable to attend a regularly scheduled meeting should notify the AGENCY of their absence prior to the meeting and should attempt to send an alternate in their place. Members who are absent from more than two (2) regularly scheduled meetings within a calendar year may be removed and replaced with another representative from the same category of representation.
5. The Chair will preside over meetings and participate with the AGENCY in the preparation of the agenda.
6. Meetings will be conducted in a fair and professional manner.
7. The COMMITTEE shall operate under commonly accepted parliamentary procedures and Robert's Rules of Order shall govern the conduct of meetings when applicable.
8. Votes shall be recorded as:
  - In Favor
  - Opposed
  - Abstain
9. The AGENCY will be responsible for preparing the Agenda and taking and maintaining minutes.

#### H. AMENDMENT OF BYLAWS:

Any rule or procedure of the COMMITTEE may be enacted, amended, repealed or suspended by a majority vote of the total voting membership.

#### I. CONFLICT OF INTEREST:

Members and officers shall disclose any direct personal or pecuniary (monetary) interest in any subject or conversation before the COMMITTEE and will abstain from voting on any motion relative to that subject.

J. CONFIDENTIALITY:

1. To the extent Evidence Code Section 1157.7 is applicable, closed meetings will occur when business addressed by 1157.7 is being transacted. The COMMITTEE'S 1157.7 business, records and minutes shall be considered confidential and all members are prohibited from any unauthorized disclosures.
2. Members and attendees will sign a statement of confidentiality as a condition of participation.
3. All patient care records and other confidential materials will be returned to the AGENCY at the end of each meeting.

K. EFFECTIVE DATE:

These Bylaws shall be effective upon approval by the COMMITTEE.

Effective Date:	06/01/2016
Approval: Troy M. Falck, MD – Medical Director	SIGNATURE ON FILE
Approval: Victoria Pinette – Executive Director	SIGNATURE ON FILE