


<b>Sierra – Sacramento Valley EMS Agency Program Policy</b>			
<b>EMS System Quality Improvement Program (EMSQIP)</b>			
	Effective: 12/01/2017	Next Review: 09/2020	<b>620</b>
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
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**PURPOSE:**

To establish Emergency Medical Services System Quality Improvement Program (EMSQIP) requirements for prehospital provider organizations and base/modified base hospitals in the S-SV EMS region. The purpose of an EMSQIP is to improve the quality and effectiveness of EMS through standardization, coordination and evaluation.

**AUTHORITY:**

- A. California Health and Safety Code, Division 2.5, § 1797.204, 1797.220 and 1798.
- B. California Code of Regulations, Title 22, Chapter 12.

**POLICY:**

- A. ALS/LALS prehospital provider organizations and base/modified base hospitals shall submit a written EMSQIP to S-SV EMS for review and approval every five (5) years. The written EMSQIP shall include the following minimum information:
  1. Provider name and management structure, including the QI program coordinator (or equivalent position), the medical director, and the internal QI structure. Include an organizational chart if available.
  2. Description of how, how often and who collects/analyzes QI indicator data.
  3. Description of how and how often QI indicator data is shared with QI committees, technical advisory committees, peer review groups, management, etc.
  4. Description of the provider’s approach to performance improvement and the process used to implement changes.
  5. Description of how the provider communicates QI activities to external EMS stakeholders (other EMS system participants, elected officials, the public, etc.).
  6. Description of how provider policies and procedures are developed/revised, and how staff are educated/trained on new/revised policies and procedures.

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7. Description of the process for educating/training staff on new/revised S-SV EMS policies and protocols.
  8. Description of the process for ensuring staff complete EMS education/training.
- B. ALS/LALS prehospital provider organizations and base/modified base hospitals shall submit an annual EMSQIP update for the previous calendar year to S-SV EMS no later than March 31st. The annual update shall include the following minimum information:
1. Description of EMSQIP activities.
  2. Description of EMS QI indicators identified/monitored, including any findings and corrective actions based on these indicators.
  3. Listing and QI review summary of each call involving the utilization of any of the following low frequency/high risk medical procedures:
    - Nasotracheal intubation
    - Needle cricothyrotomy
    - Needle thoracostomy
    - Commercial tourniquet device
  4. Summary of any revisions to provider's EMS policies or procedures.
  5. Summary of any EMS education/training provided.
- C. BLS prehospital provider organizations shall submit an annual EMSQIP report, including AED and BLS optional skills utilization data, for the previous calendar year to S-SV EMS no later than March 31<sup>st</sup>. An S-SV EMS developed reporting template will be provided to BLS prehospital provider organizations to complete/submit in order to satisfy this annual reporting requirement.
- D. All Prehospital provider organizations and base/modified base hospitals shall participate in the S-SV EMS Agency's EMSQIP which may include providing records for program monitoring and evaluation.
- E. Prehospital provider organizations and/or base/modified base hospitals shall develop a performance improvement plan when their EMSQIP identifies a need for improvement. Collaboration with S-SV EMS and/or other providers is required if system issues are identified.