

Sierra – Sacramento Valley EMS Agency Program Policy			
EMS System Quality Improvement Program (EMSQIP)			
	Effective: 12/1/2023	Next Review: 09/2026	620
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
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PURPOSE:

To establish a system wide Emergency Medical Services System Quality Improvement Program (EMSQIP) to monitor, review, evaluate, and improve the delivery of prehospital care in the S-SV EMS region.

AUTHORITY:

- A. HSC, Division 2.5, § 1797.204, 1797.220 and 1798.
- B. CCR, 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 EMSQIP shall include the provider/hospital name and management structure, including quality improvement (QI) coordinator (or similar position), medical director, and internal QI staff and structure. A provider/hospital organizational chart shall also be included if available.
- B. The EMSQIP shall, at a minimum, include the following QI activities:
 - 1. Prospective QI – Systematic approach to identify, measure, and improve the quality of care provided.
 - 2. Concurrent QI – Ongoing process to monitor and improve the quality of care in real-time during patient care.
 - 3. Retrospective QI – Analysis of data and events after the delivery of patient care to identify trends, patterns, and recurring issues.
 - 4. Reporting/Feedback – Sharing information about performance, outcomes, and quality measures with system participants.

C. ALS/LALS prehospital provider organization EMSQIPs shall, at a minimum, detail the process for conducting the following activities:

1. Prospective QI:

- Participation in S-SV EMS and base/modified base hospital QI committees.
- Initial and continuing employee education:
 - Orienting field personnel to the S-SV EMS system.
 - Developing educational programs based on problem identification and trend analysis.
 - Process for communicating system changes to field personnel.
- Process for development of performance standards to evaluate the quality of care delivered by field personnel.
- Methods for evaluating field personnel:
 - New/probationary employee clinical performance standards.
 - Clinical/operational deficiency identification methodology.
 - Problem-oriented evaluation and corrective action plans for identified deficiencies, including an example of a standardized performance improvement plan (PIP).
- Personnel certification/accreditation tracking:
 - Initial and ongoing certification/accreditation tracking process.
 - Other S-SV EMS required training/education.

2. Concurrent QI:

- Direct observation (ride-along, field training officer, etc.) of field personnel evaluating patient care against performance standards.
- Availability of field supervisors and/or QI personnel for field personnel support.

3. Retrospective QI:

- Process for retrospective analysis of field care to include but not be limited to:
 - High-acuity, low occurrence (HALO) call/event types.
 - Audit topics.
 - Problem oriented calls/events.
 - Calls/events requested to be reviewed by S-SV EMS.
- Documentation/PCR review to assure quality, accuracy, and adherence to provider/S-SV EMS documentation standards/requirements.
- Compliance with reporting and other quality improvement requirements as specified by S-SV EMS.

4. Reporting/Feedback:

- Process for reporting trends/issues to S-SV EMS and/or base/modified base hospitals.
 - Process for communicating quality improvement/opportunities for improvement to field personnel.
- D. All EMS system participants shall submit an annual EMSQIP report, utilizing an S-SV EMS developed standardized form, for the previous calendar year to S-SV EMS no later than March 31st.
- E. All EMS system participants shall participate in the S-SV EMS EMSQIP, which may include providing records for program monitoring and evaluation.