Sierra – Sacramento Valley EMS Agency Program Policy			
Prehospital Provider Clinical Performance Standards			
	Effective: 10/01/2026	Next Review: 07/2029	**622**
	Approval: Troy M. Falck, MD – Medical Director		SIGNATURE ON FILE
	Approval: John Poland – Executive Director		SIGNATURE ON FILE

PURPOSE:

To establish clinical performance standards for prehospital ground provider agencies, to ensure consistent, equitable, safe, and high-quality EMS patient care and documentation.

AUTHORITY:

A. HSC, Div. 2.5, § 1797.

B. CCR, Title 22, Div. 9.

POLICY:

A. Each provider agency shall meet or exceed the applicable clinical performance standards identified in attachment 622-A.

B. Provider agencies shall maintain an internal Quality Improvement (QI) process that monitors required clinical performance standards, implements corrective actions when standards are not met, and demonstrates sustained compliance.

C. Measurement of clinical performance standards shall be based on objective data sources, including but not limited to the following (as applicable):

   a. Patient care report (PCR) documentation.

   b. Cardiac monitor downloads/documentation.

   c. Defibrillator logs.

   d. Destination/transfer of patient care documentation.

   e. Allied agency feedback.

   f. Base, modified base, and/or receiving hospital feedback.

D. Documentation must be sufficient to support clinical decision-making and compliance with S-SV EMS policies/protocols and applicable EMS regulations.

E. Failure to meet clinical performance standards minimum thresholds may result in further S-SV EMS review and/or corrective action in accordance with this policy.

F. If there is a conflict with this policy and the requirements contained in an emergency ground ambulance provider exclusive operating area (EOA) agreement, the EOA agreement requirements shall prevail.

PROCEDURE:

A. Provider agencies shall designate a QI lead (or equivalent role), who shall be responsible for the following:

1. Clinical performance standards data tracking and review:
2. Clinical performance standards data submission to S-SV EMS (when required).
3. Corrective action implementation and tracking (when required).

B. Provider agencies shall measure all clinical performance standards identified in attachment 622-A on a minimum of a calendar quarter basis (‘measurement period’).

C. When requested/required, provider agencies shall submit clinical performance standards data to S-SV EMS, which shall include the following minimum information:

1. Measurement period and denominator definition (eligible encounters).
2. Numerator definition (compliant encounters).
3. Threshold comparison (met/not met).
4. Narrative summary of trends, contributing factors, and actions taken.

Supporting source documentation shall be available to S-SV EMS upon request (e.g., de-identified case review summaries, monitor strips, training rosters, policy changes).

D. Exceptions Clause Documentation:

1. Where attachment 622-A includes an Exception Clause, exceptions must be clearly documented in the PCR with sufficient detail to justify exclusion or variance.
2. Exceptions do not eliminate the requirement to provide patient care consistent with S-SV EMS policies/protocols and clinical judgment; they address measurement fairness when patient/scene factors prevent achieving the metric.

E. Non-Compliance Corrective Actions:

1. Level 1 Finding: defined as any occurrence where one (1) or more clinical performance standards falls below the minimum performance threshold during a single measurement period. In such instances, the provider shall:
    a. Identify driver(s), including but not limited to training gaps, documentation workflow issues, equipment issues, or protocol knowledge deficiencies.

b. Implement corrective action, including but not limited to targeted education, checklist or process changes, QA feedback loops, or equipment remediation.

c. Re-measure performance during the next measurement period and document the provider's improvement plan.

2. Level 2 Finding: defined as any occurrence where one (1) or more of the same clinical performance standards falls below the minimum performance threshold for two (2) consecutive measurement periods. In such instances, the provider shall:

   a. Notify S-SV EMS no later than the 15th calendar day of the month following the end of the applicable measurement period.

   b. S-SV EMS may require the provider to implement additional corrective actions, including but not limited to focused audits, directed training, and/or submission of a written corrective action plan to S-SV EMS.

3. Level 3 Finding: defined as any occurrence where one (1) or more of the same clinical performance standards falls below the minimum performance threshold for three (3) consecutive measurement periods, or there is a significant deviation from one (1) or more clinical performance standard with a finding by the S-SV EMS Medical Director that indicates a threat to patient safety. In such instances, the provider shall:

   a. Notify S-SV EMS no later than the 15th calendar day of the month following the end of the applicable measurement period.

   b. S-SV EMS may require/implement additional corrective actions, including but not limited to a formal written Performance Improvement Plan (PIP) with timelines, increased reporting frequency, onsite evaluation, or other appropriate administrative remedies.

4. Additional non-compliance corrective actions (penalties, liquidated damages, other administrative remedies, etc.) may also apply, as indicated in applicable provider agency contracts/agreements.