

**QUALITY ASSURANCE / CONTINUOUS QUALITY IMPROVEMENT
RESPONSIBILITIES - GENERAL GUIDELINES**

Authority: Division 2.5, Chapter 4 of the Health and Safety Code
Title 22, Division 9 of the California Code of Regulations

1. The EMS Agency shall establish and facilitate a system wide quality assurance and continuous quality improvement program to monitor, review, evaluate and improve the delivery of prehospital care services.
 - 1.1 The program shall involve all system participants and shall include, but not be limited to the following activities:
 - 1.1.1 Prospective - designed to prevent potential problems.
 - 1.1.2 Concurrent - designed to identify problems or potential problems during the course of patient care.
 - 1.1.3 Retrospective - designed to identify potential or known problems and prevent their recurrence.
 - 1.1.4 Reporting/Feedback - quality assurance incidents should be reported to the EMS Agency in accordance with Policy #1200 and utilizing the approved Incident Report Form (Policy #1210).
2. Each ALS/LALS service provider shall submit a Quality Assurance / Continuous Quality Improvement plan, developed in accordance with this policy, to the EMS Agency for approval.

QUALITY ASSURANCE RESPONSIBILITIES – EMS AGENCY

1. Prospective
 - 1.1 Comply with all pertinent rules, regulations, laws and codes of Federal, State and County applicable to emergency medical services.
 - 1.2 Establish / coordinate EMS Quality Assurance Committee.
 - 1.3 Plan, implement and evaluate the emergency medical services system including public and private agreements and operational procedures.
 - 1.4 Implement advanced life support and limited advanced life support systems.

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- 1.5 Approve and monitor prehospital training programs.
- 1.6 Certify / authorize prehospital personnel.
- 1.7 Establish policies and procedures to assure medical control, which may include dispatch, basic life support, advanced life support, patient destination, patient care guidelines and quality assurance requirements.
- 1.8 Facilitate, as needed, the implementation of quality assurance plans by system participants.
- 1.9 Establish procedures for implementing the Certification Review Process for EMS personnel.
- 1.10 Establish procedures for implementing the Incident Review Process.
2. Concurrent
 - 2.1 On call availability for unusual occurrences, including but not limited to:
 - 2.1.1 Mass Casualty Incidents (MCIs) that tax local medical and health resources
 - 2.1.2 Disasters (natural and man-made)
 - 2.1.3 Suspected Bioterrorism Incidents
3. Retrospective
 - 3.1 Monitor and evaluate the quality of prehospital care.
 - 3.2 Evaluate the process developed and implemented by system participants for retrospective analysis of prehospital care.
4. Reporting/Feed-back
 - 4.1 Evaluate incident reports submitted by system participants and make changes in system design as necessary.
 - 4.2 Provide feedback to system participants when applicable or when requested on Quality Assurance issues.

- 4.3 Design prehospital research and efficacy studies regarding the prehospital use of any drug, device or treatment procedure where applicable.

QUALITY ASSURANCE RESPONSIBILITIES – FIRST RESPONDERS (BLS)

1. Prospective
 - 1.1 Participation on EMS quality assurance committees.
 - 1.2 Education
 - 1.2.1 Orientation to EMS system.
 - 1.2.2 Continuing Education activities to further the knowledge base of the field personnel.
 - 1.2.3 Participation in continuing education courses and the training of prehospital care providers.
 - 1.2.4 Establish procedure for informing all field personnel of system changes.
 - 1.2.5* Establish procedure for conducting skills proficiency demonstration sessions.
 - 1.3 Evaluation - Develop criteria for evaluation of field personnel to include, but not limited to:
 - 1.3.1 Patient Care Report Form or other documentation if available
 - 1.3.2 Ride-along
 - 1.3.3 Evaluation of new employees
 - 1.3.4 Routine
 - 1.3.5 Problem-oriented
 - 1.3.6 Design standardized corrective action plans for individual first responder deficiencies.
 - 1.4 Certification - establish procedures based on Imperial County policies to ensure:
 - 1.4.1 Initial certification/accreditation
 - 1.4.2 Recertification/reaccreditation
 - 1.4.3* Attendance at skills proficiency demonstration sessions.
 - 1.4.4* Mechanisms for personnel to make up missed skills proficiency demonstration sessions.

2. Concurrent Activities

- 2.1 Ride-along - Establish a procedure for evaluation of first responders utilizing performance standards through direct observation

* Applies only to authorized departments who utilize personnel trained and certified to perform the following skills:

- AED
- Combitube intubation

3. Retrospective Analysis

- 3.1 Develop a process for retrospective analysis of field care, utilizing the Patient Care Report Form or other available documentation (if applicable), to include but not limited to:

- 3.1.1 High-risk, low frequency interventions
- 3.1.2 Problem-oriented calls
- 3.1.3 Those calls requested to be reviewed by the EMS Agency or Base Hospital.
- 3.1.4 Specific audit topics established through the Quality Assurance Committee.

- 3.2 Develop performance standards for evaluating the quality of care delivered by field personnel through retrospective analysis.

- 3.3 Participate in the Incident Review Process in accordance with local policies.

- 3.4 Participate in prehospital research and efficacy studies requested by the EMS Agency and/or the Quality Assurance Committee.

4. Reporting/Feedback

- 4.1 Develop a process for identifying trends in the quality of field care.

- 4.1.1 Design and participate in educational activities based on problem identification and/or trend analysis.
- 4.1.2 Make approved changes in internal policies and procedures based on problem identification and/or trend analysis.

QUALITY ASSURANCE RESPONSIBILITIES – ALS/LALS PROVIDER AGENCIES

1. Prospective
 - 1.1 Participation on EMS quality assurance committees.
 - 1.2 Education
 - 1.2.1 Orientation to EMS system
 - 1.2.2 Field Care Audits
 - 1.2.3 Participate in certification courses and the training of prehospital care providers.
 - 1.2.4 Offer educational programs based on problem identification and trend analysis.
 - 1.2.5 Establish procedure for informing all field personnel of system changes
 - 1.3 Evaluation - Develop criteria for evaluation of individual ALS/LALS personnel to include, but not limited to:
 - 1.3.1 PCR review / tape review or other documentation as available
 - 1.3.2 Ride-along
 - 1.3.3 Evaluation of new employees
 - 1.3.4 Routine
 - 1.3.5 Problem-oriented
 - 1.3.6 Design standardized corrective action plans for individual personnel deficiencies
 - 1.4 Certification/Accreditation - establish procedures based on Imperial County policies regarding:
 - 1.4.1 Initial certification/accreditation
 - 1.4.2 Recertification/Continuing Accreditation
 - 1.4.3 Continuing Education
 - 1.4.4 Other training as specified by the EMS Agency.
2. Concurrent Activities
 - 2.1 Ride-along - Establish a procedure for evaluation of ALS/LALS personnel utilizing performance standards through direct observation
 - 2.2 Provide availability of Field Supervisors and/or Quality Assurance Liaison personnel for consultation/assistance.

3. Retrospective Analysis

- 3.1 Develop a process for retrospective analysis of field care, utilizing Patient Care Reports and audio tape (if applicable), to include but not limited to:
 - 3.1.1 High-risk, low frequency interventions
 - 3.1.2 Problem-oriented calls
 - 3.1.3 Those calls requested to be reviewed by the EMS Agency or Base Hospital.
 - 3.1.4 Specific audit topics established through the Quality Assurance Committee.
- 3.2 Develop performance standards for evaluating the quality of care delivered by field personnel through retrospective analysis.
- 3.3 Participate in the Incident Review Process in accordance with local policies.
- 3.4 Participate in prehospital research and efficacy studies requested by the EMS Agency and/or the Quality Assurance Committee.

4. Reporting/Feedback

- 4.1 Develop a process for identifying trends in the quality of field care.
 - 4.1.1 Design and participate in educational activities based on problem identification and/or trend analysis.
 - 4.1.2 Make approved changes in internal policies and procedures based on problem identification and/or trend analysis.

QUALITY ASSURANCE RESPONSIBILITIES - BASE HOSPITAL

1. Prospective

- 1.1 Participation on the Quality Assurance Committee.
- 1.2 Education
 - 1.2.1 Field Care Audits
 - 1.2.2 Continuing Education activities that are consistent with regulations (Title 22, Chapter 2, 3 and 4).
 - 1.2.3 Offer educational programs based on problem identification and/or trend analysis.
 - 1.2.4 Participation in the training of prehospital care providers.
 - 1.2.5 Establish criteria for offering supervised clinical experience to ALS/LALS personnel.
- 1.3 Evaluation - Develop criteria to evaluate the Base Hospital Physicians (BHPs) and Mobile Intensive Care Nurses (MICNs) to include, but not limited to:
 - 1.3.1 Evaluation of new employees
 - 1.3.2 Routine calls – tape and written record
 - 1.3.3 Problem oriented calls
 - 1.3.4 Design standardized corrective action plans for individual BHP and MICN deficiencies.
- 1.4 Orientation/Education - establish procedures for BHPs and MICNs regarding:
 - 1.4.1 Initial orientation
 - 1.4.2 Continuing education
- 1.5 Develop criteria for and designate a Base Hospital Coordinator (BHC) to serve as prehospital liaison, and Base Hospital Medical Director (BHMD) in accordance with Title 22.

2. Concurrent Activities

- 2.1 Provide on-line medical control for ALS/LALS personnel within the Imperial County approved scope of practice.
- 2.2 Develop a procedure for identifying problem calls.

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- 2.3 Develop internal policies regarding BHP / MICN involvement in medical control according to Imperial County policies and procedures.
- 2.4 Develop a procedure for obtaining patient follow-up on all Base Hospital directed calls.
- 2.5 Develop performance standards for evaluating the quality of on-line medical control delivered by the BHPs and MICNs through direct observation by the BHC / BHMD.
- 2.6 Participate in the evaluation of field personnel through ride-along in conjunction with the provider agencies.

3. Retrospective analysis

- 3.1 Develop a process for retrospective analysis of field care and base direction utilizing the call record, audiotape, PCR and patient follow-up, to include but not limited to:
 - 3.1.1 high-risk, low frequency interventions
 - 3.1.2 problem-oriented calls
 - 3.1.3 calls requested to be reviewed by the EMS Agency or other EMS Provider
 - 3.1.4 specific topics established through the Quality Assurance Committee.
- 3.2 Establish a procedure for ensuring that patient follow-up has been obtained from the receiving hospital on all patients where base contact was made.
- 3.3 Develop performance standards for evaluating the quality of medical direction delivered by the MICNs / BHPs through retrospective analysis.
- 3.4 Evaluate medical care delivered by prehospital care providers based on performance standards through retrospective analysis.
- 3.5 Participate in prehospital research and efficacy studies requested by the EMS Agency or the Quality Assurance Committee.


4. Reporting/Feed-back

- 4.1 Develop a process for identifying problems and/or trends in the quality of medical direction delivered by MICNs / BHPs.
 - 4.1.1 Design and participate in educational activities based on problem identification and/or trend analysis.
 - 4.1.2 Make approved changes in internal policies and procedures based on problem identification and/or trend analysis.
- 4.2 Participate in the process of identifying problems and/or trends in the quality

of care delivered by field personnel.

- 4.3 Develop / maintain a hospital diversion log and submit monthly to the EMS Agency.

APPROVAL


Bruce E. Haynes, M.D.
EMS Medical Director

IMPERIAL COUNTY INTUBATION DATA COLLECTION FORM

This form must be completed on all Endotracheal Intubation Attempts

(SEND FORM TO BASE HOSPITAL)

GENERAL INFORMATION			
Date:	Unit #	Intubator:	Run #
Age/Sex	Type of Arrest <input type="checkbox"/> Traumatic <input type="checkbox"/> Witnessed <input type="checkbox"/> Cardiac <input type="checkbox"/> Non-witnessed <input type="checkbox"/> Respiratory		Down Time:
Trauma Pt? <input type="checkbox"/> YES <input type="checkbox"/> NO	Head Trauma? <input type="checkbox"/> YES <input type="checkbox"/> NO	Immediate CPR on scene: <input type="checkbox"/> Yes <input type="checkbox"/> No	
AIRWAY PRIOR TO INTUBATION			
<input type="checkbox"/> None <input type="checkbox"/> Bag-Valve Mask	<input type="checkbox"/> Oral <input type="checkbox"/> Nasal	<input type="checkbox"/> Combitube <input type="checkbox"/> other	
INTUBATION PROCEDURE			
# Of Intubation Attempts: (Count all airway interruptions)	Placement <input checked="" type="checkbox"/> d: <input type="checkbox"/> Co2 Cap <input type="checkbox"/> Ausc. & Chest movement <input type="checkbox"/> Toomey		Type of Blade Used and Size <input type="checkbox"/> Straight _____ <input type="checkbox"/> Curved _____
COMPLICATIONS OR SIGNIFICANT CIRCUMSTANCES			
<input type="checkbox"/> Vomitus <input type="checkbox"/> Blood	<input type="checkbox"/> Positioning <input type="checkbox"/> (+) gag reflex	<input type="checkbox"/> unable to intubate: _____ <input type="checkbox"/> other: _____	
Receiving Hospital		VITAL SIGNS UPON ARRIVAL	
<input type="checkbox"/> ECRMC <input type="checkbox"/> PMH <input type="checkbox"/> JFK <input type="checkbox"/> other		Pulse: _____ ECG: _____ Respiration: _____ O2 Sat: _____ B/P: _____	
Patient Outcome: <input type="checkbox"/> Expired <input type="checkbox"/> Admitted <input type="checkbox"/> Transferred			
↓TO BE COMPLETED BY RECEIVING PHYSICIAN↓			
Was ETT properly POSITIONED ? <input type="checkbox"/> YES <input type="checkbox"/> NO		Was ETT properly SECURED ? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Physician Signature:			
Comments:			

Addressograph

**IMPERIAL COUNTY
EMERGENCY MEDICAL SERVICES AGENCY**

**TRIAL STUDY DATA FORM
COMBITUBE AIRWAY**

Incident Date: _____

First Responder Agency: _____

Transport Agency & Unit: _____

Receiving Hospital: _____

Patient's Name: _____

COMBITUBE INTUBATION ATTEMPTS

Attempted by	Number of Attempts	Successful
_____	_____	YES or NO
_____	_____	YES or NO

Tube placement: ESOPHAGUS TRACHEA

Placement confirmed by: Lung Sounds Toomey Syringe Both

Please describe any problems encountered with combitube intubation:

Report filed by: _____

Signature: _____

IMPERIAL COUNTY EMS AGENCY
TCP SUPPLEMENTAL INFORMATION SHEET

Date	Time	RUN #
EMT-P Name (print)		
Additional Crew Name		
Provider Agency		

PATIENT INFORMATION	
Age:	Sex: Weight: lbs
Rhythm upon arrival:	
Estimated time of onset of symptoms:	
LOC Upon Arrival (GCS):	
Vitals Upon Arrival:	Pulse: BP:
Time of Arrival:	
Time of Initial Pacing:	
Initial Rate of Pacing:	
Maximum Amperage:	
Maximum Rate:	
Electrical Capture:	YES NO
Mechanical Capture:	YES NO
Pulse:	BP:
LOC After Pacing (GCS):	
List any complications from TCP:	

THE FOLLOWING TO BE COMPLETED BY BASE HOSPITAL COORDINATOR			
EMERGENCY DEPARTMENT DISPOSITION			
Receiving Hospital:			
Admitted to hospital?	YES	NO	ICU or M/S
Coroner Case?	YES	NO	
Survival to Discharge?	YES	NO	

Base Hospital Coordinator: _____
Signature Date

**IMPERIAL COUNTY
EMERGENCY MEDICAL SERVICES AGENCY**
Automatic External Defibrillation (AED) Report Form

The following to be completed by AED crew:															
INCIDENT DATE:	UNIT #:	AGENCY:													
PATIENT NAME:		AGE:	SEX:												
WITNESSED ARREST <input type="checkbox"/> YES <input type="checkbox"/> NO		BYSTANDER CPR <input type="checkbox"/> YES <input type="checkbox"/> NO													
AED OPERATOR:		Cert #:													
OTHER CREW MEMBER NAME:		Cert #:													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td>ESTIMATED TIME OF COLLAPSE</td><td style="text-align: center;">hrs</td></tr> <tr><td>DISPATCH TIME</td><td style="text-align: center;">hrs</td></tr> <tr><td>ARRIVED ON SCENE</td><td style="text-align: center;">hrs</td></tr> <tr><td>PATIENT CONTACT TIME</td><td style="text-align: center;">hrs</td></tr> <tr><td>TIME OF FIRST DEFIBRILLATION</td><td style="text-align: center;">hrs</td></tr> <tr><td>ALS ARRIVAL TIME</td><td style="text-align: center;">hrs</td></tr> </table>		ESTIMATED TIME OF COLLAPSE	hrs	DISPATCH TIME	hrs	ARRIVED ON SCENE	hrs	PATIENT CONTACT TIME	hrs	TIME OF FIRST DEFIBRILLATION	hrs	ALS ARRIVAL TIME	hrs		
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ARRIVED ON SCENE	hrs														
PATIENT CONTACT TIME	hrs														
TIME OF FIRST DEFIBRILLATION	hrs														
ALS ARRIVAL TIME	hrs														
TRANSPORT PROVIDER:															
RECEIVING HOSPITAL:															
SIGNATURE OF AED OPERATOR:			DATE:												
Attach completed report to PCR and submit to EMS Agency Download memory module or attach printout															
The following to be completed by EMS Coordinator															
INITIAL RHYTHM:		SHOCK DELIVERED? <input type="checkbox"/> YES <input type="checkbox"/> NO													
DID PATIENT CONVERT TO SHOCKABLE RHYTHM?		<input type="checkbox"/> YES <input type="checkbox"/> NO													
NUMBER SHOCKS DELIVERED:		FINAL RHYTHM:													
RETURN OF PULSE: <input type="checkbox"/> YES <input type="checkbox"/> NO		D.O.S. <input type="checkbox"/> YES <input type="checkbox"/> NO													
HOSPITAL DISPOSITION: <input type="checkbox"/> EXPIRED <input type="checkbox"/> ADMITTED <input type="checkbox"/> RELEASED															
COMMENTS:															
ACTION															
<input type="checkbox"/> Commendation		<input type="checkbox"/> Case Review													
<input type="checkbox"/> Recommend education/training		<input type="checkbox"/> No further action needed													
EMS COORDINATOR:															
DATE COMPLETED:															
The following to be completed by agency AED coordinator															
ACTION															
<input type="checkbox"/> Commendation		<input type="checkbox"/> Education/training													
<input type="checkbox"/> No further action needed															
SIGNATURE OF AED COORDINATOR:															
DATE COMPLETED & FILED:															