

EL DORADO COUNTY FIRE PROTECTION DISTRICT

STANDARD OPERATING GUIDELINE

ARTICLE 4: ROUTINE PROCEDURES

EFFECTIVE DATE: 3-1-2015

SECTION 20: CONTINUOUS QUALITY IMPROVEMENT

REVISED: 3 - 1 - 20 2 5

4.20.1 PURPOSE: To implement a consistent Continuous Quality Improvement (CQI) program with a focus on improving emergency medical services as an EMS provider in El Dorado County. CQI is a mandatory, peer driven process that is intended to function cohesively with other EMS providers and the base hospital within our EMS system. El Dorado County Fire's CQI program shall comply with CA State law and regulations.

4.20.2 AUTHORITY: California Code of Regulations TITLE 22 Soc Sec Division 9, Pre-Hospital Services EMS Chapter 12, section 100402 EMS Service Provider Responsibilities, 100404 Local EMS Agency

4.20.3 POSITIONS:

EMS Chief- This position is the responsibility of the EMS Division Chief. The EMS Division Chief is a member of the administrative staff and oversees the Districts EMS Program.

Continuous Quality Improvement Coordinator CQIC- The El Dorado County Fire Protection District shall designate a CQI Coordinator. The CQI Coordinator should be a paramedic who has extensive knowledge and experience in El Dorado County and understands District CQI responsibilities. The CQI Coordinator shall oversee all general CQI processes including collection, identification of performance problems, performance improvement and overall system improvement. The CQI Coordinator shall communicate these processes with the EMS Division Chief. The CQI Coordinator shall attend and represent the District at monthly El Dorado County EMS CQI Committee meetings. The CQI Coordinator shall report any issues or findings to the Committee for overall review. The CQIC may also choose to designate an "Assistant" or "Alternate" to assist and fill in where needed.

EMT/PARAMEDIC- All District Paramedics and EMTs are mandated participants in the CQI program. Everyone shall participate in an appropriate ePCR review as outlined here within. In addition to ePCR review, all participants shall **communicate incidents of concern or commendation to their shift captains and the district's CQIC.**

ALLIED AGENCIES- All allied agencies and/or their personnel are encouraged to provide feedback for improvement, or commendation. For appropriate situations, the information shall be forwarded to the CQI representative to review, and take appropriate action as outlined in this policy. Potential or questionable violations of the Health and Safety Code, Section 1798.200, shall be reported directly to the Fire District Administration and the El Dorado County EMS Agency.

4.20.6 PROCEDURE: ePCRs that meet the ECF CQI Criteria List (**Attachment 1**) shall be reviewed during CQI. Review of Patient Care Reports (PCR's) for CQI purposes shall be performed by on duty District paramedics and EMTs under the supervision of the on-duty Captain. Each Captain, or his designee, is responsible for running a report to identify the number of completed Run Reviews that have been done. (Example 136 completed out of 140 ePCR's generated. On duty personnel shall review the CQI calls from the proceeding shift. (B shift shall review A shift, C shift shall review B

shift, and A shift shall review C shift). On duty Paramedics and EMTs shall review calls that fall within their scope of practice. The focus of all CQI program activities shall be on system improvement, not on individual performance. High profile calls shall be forwarded to the Shift Captain then to the District CQI Coordinator for review and subsequent follow up i.e. calls of interest, focus studies, protocol deviations, documentation concerns, calls of commendation, etc. Crews should make efforts to provide and seek CQI feedback from each other at shift change. Potential or questionable violations of the Health and Safety Code, Section 1798.200, shall be reported directly to the Fire District Administration and the El Dorado County EMS Agency.

For simple documentation errors, data fields needing completion, or additional documentation to add clarity to the call, EMT's and Paramedics should have a discussion with the author of the ePCR and continue to complete Run Review to ensure quality beyond an isolated incident.

If a CQI issue or performance problem is identified, it shall be brought to the attention of the station Captain who then forwards the issue to the CQI Coordinator and if appropriate the EMS Chief. The CQI coordinator may also determine to forward CQI issues to the EMS Chief as appropriate. These issues will be handled by the EMS Chief with recommendations from the CQI Coordinator using the CQI Performance Improvement Plan. Identification of potential CQI concerns should be classified into one of three categories.

"HUMAN ERROR" – Inadvertent action. Examples: Documentation errors, Assessment Errors or Omissions, or Treatment Errors or Omissions occurring in low frequency.

"AT RISK BEHAVIOR" – To do something in a way that unintentionally can impose a chance for harm to occur. Assessment Errors or Omissions, Treatment Errors or Omissions,

"RECKLESS BEHAVIOR" – Choosing an action that knowingly puts themselves or others in harm's way. The risk is identified but ignored.

A Personal Improvement Plan (PIP) shall result in cases deemed reckless behavior. It is the intent that CQI review is to be used for improvement of the overall EMS system and not solely for individual disciplinary issues.

The CQIC shall review all high profile calls forwarded to him or her. The CQIC shall provide any feedback or educational recommendation to the individual involved and the CQI Committee as necessary.

- a) All such events should be submitted on an El Dorado County Emergency Medical Services Authority (EMSA) Event Report Form. Once the CQI representative has reviewed the report with then individual(s) and with the CQI committee as appropriate, the report shall be placed in a secure electronic CQI folder for no less than one year. After one year the report shall be destroyed. All CQI event reports shall be kept confidential between the individual and the CQI representative. For purposes of review by the CQI committee, all patient names and demographic information shall be redacted to maintain confidentiality.
- b) The CQIC should monitor all event reports and identify any problems or trends. The CQIC shall develop and oversee any educational programs including Personal Improvement Plans (PIP) that will enhance or improve individual or system performance.
- c) The CQI Coordinator shall monitor compliance with the provisions of the PIP. Noncompliance with the provisions of the PIP, for any reason, by the employee, shall be considered a job performance issue outside the scope of the CQI policy. The CQIC shall notify the district management team, through the chain of command, of any noncompliance issues.

4.20.6 PERSONAL IMPROVEMENT PLAN (PIP):

A Personal Improvement Plan is an individualized educational plan designed on a case-by-case basis, to improve an individual's deficiencies or trends that have come to light from the CQI process. The PIP shall be drafted by the CQIC in coordination with a Field Training Officer and the individual involved. The PIP shall be approved by the EMS Chief prior to implementation. This team may request assistance from the EMSA, and the El Dorado County Medical Director as appropriate. An FTO will oversee the completion of the PIP.

The purpose of any PIP should be to educate and assist the individual Paramedic or EMT to improve that individual's performance. A PIP is intended to be confidential between only the CQIC the FTO, and then individual involved. Any personnel being assigned a PIP shall participate and complete then PIP within the time allotted. The educational objectives and time frame of the PIP will vary, as these are specific to the needs of the individual. If the individual willfully does not participate, is unable to complete, or fails to complete the PIP, the matter shall be forwarded to the EMS Chief. The portions of the PIP that identify trends, and below standard behavior are discoverable by District Management. HIPPA protects all information within the PIP that identifies specific patient information. The PIP will not be designed as a disciplinary tool, but an educational tool. The PIP's use in any disciplinary process will be triggered only by noncompliance with the CQI process of performance improvement as demonstrated by the individual, recognized by the CQIC Representative, The Field Training Officer or immediate supervisor.

El Dorado County Fire District



The

following items identify PCR's that meet CQI criteria and should be reviewed as part of Run Review. CQI shall be completed on a month-to-month basis no later than the 5th of the following month. (Example- August CQI completed by September 5th)

Call Types

1. MCI
2. Trauma Criteria Patients
3. AMA's
4. IFT, Transfers
5. Code 3 Transports
6. Air Ambulance

Procedures

1. Any Medication by EMT or EMT-P
2. IO
3. Any Advanced Airway (ET, NTI, King)
4. CPAP
5. 12 lead EKG
6. Defib/Cardioversion/Paced
7. Needle Chest Decompression
8. Needle Cricothyrotomy
9. Patient Restraints