

POLICY #100: CONTINUOUS QUALITY IMPROVEMENT

I. PURPOSE

- A. To establish a system-wide quality improvement program to evaluate the services provided within the County of San Luis Obispo Emergency Medical Services System. Emergency Medical Services System Continuous Quality Improvement Program (CQI Program)—evaluation methods composed of structure, process, and outcome evaluations that focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes, correct the process, and recognize excellence in performance and delivery of care.

II. SCOPE

- A. This policy applies to all EMS service providers and base hospitals within the County of San Luis Obispo's EMS System.

III. POLICY

- A. The County of San Luis Obispo EMS Agency (SLOEMSA) will:
 - 1. Develop and implement a system-wide written CQI Plan in cooperation with other EMS system participants, as defined in Title 22, Division 9. This plan will include indicators that address, but are not limited to, the following:
 - a. Personnel
 - b. Equipment and Supplies
 - c. Documentation
 - d. Clinical Care and Patient Outcome
 - e. Skills Maintenance/Competency
 - f. Transportation/Facilities
 - g. Public Education and Prevention
 - h. Risk Management
 - 2. Establish and facilitate a system-wide comprehensive quality assessment and improvement program. The program will include, but is not limited to, the following activities:
 - a. Regularly scheduled CQI Committee meetings
 - (1) The CQI Committee must be multidisciplinary and include representatives from all levels (ALS and BLS) of field prehospital personnel, both public and private, air transport agencies, emergency medical dispatch, base hospitals, specialty care centers, and SLOEMSA staff/personnel.

(2) The Emergency Medical Care Committee (EMCC) Chair will approve a CQI Committee Chairperson. The term of service will be two (2) years.

(3) Patient, provider, and base hospital confidentiality will be strictly maintained at all times during the CQI process. All committee proceedings and records are exempt from discovery (AB2225). All participants will sign a confidentiality agreement at the beginning of each meeting.

b. Ensure each provider and base hospital comply with reporting and other quality assessment requirements specified or determined in Title 22 Division 9 and the SLOEMSA CQI Plan.

c. Ensures each provider and base hospital submits a CQI plan to SLOEMSA for approval.

d. Ensures each provider and base hospital conducts an annual review of their CQI plan and submits any changes to the SLOEMSA for approval.

e. Review provider and base hospital CQI plans every five years

B. EMS Service Providers and Base Hospitals will:

1. Develop and implement, in cooperation with other EMS system participants, a provider/base hospital-specific written CQI program, as defined in Title 22, Division 9, and the SLOEMSA CQI Plan. Such programs must include indicators which address, but are not limited to, the following:

- a. Personnel
- b. Equipment and Supplies
- c. Documentation
- d. Clinical Care and Patient Outcome
- e. Skills Maintenance/Competency
- f. Transportation/Facilities
- g. Public Education and Prevention
- h. Risk Management

2. Review the provider/base hospital-specific CQI Program annually to ensure its appropriateness for its operation and revise as needed.

3. Participate in the SLOEMSA CQI Program, which may include making available mutually agreed-upon relevant records for program monitoring and evaluation.

4. When the EMS CQI Program identifies a need for improvement, develop an action plan for performance improvement in cooperation with appropriate personnel/agencies/base hospitals. If the area that needs improvement includes system clinical issues, coordination and consultation with the provider/base hospital and SLOEMSA are required.

5. Provide SLOEMSA with an annual update on the provider/base hospital CQI Program from the approval date and annually thereafter. The update must include, but not be limited to, a summary of how the provider's/base hospital's CQI Program addressed the program indicators.

IV. PROCEDURE

A. Just Culture

Just Culture in EMS promotes a fair and balanced approach to accountability, recognizing that most errors result from system issues rather than individual fault. It encourages EMS providers to report mistakes openly, ensuring that learning and improvement take priority over punishment—except in cases of reckless or willful misconduct. By differentiating between human error, risky behavior, and negligence, Just Culture fosters a supportive environment where providers can improve practices, enhance patient safety, and strengthen overall system performance.

B. Review Process

1. The first efforts to resolve conflicts should occur on a peer-to-peer level. The base hospital physician should be consulted if the issue is a timely patient care conflict. If the issue remains unresolved at the peer-to-peer level, a SLOEMSA Provider Case Tracking Form (Attachment A of Policy #101: Quality Assurance Program) should be forwarded to the provider's CQI representative. The CQI representative then refers to and follows Policy #101: Quality Assurance Program.

C. Counseling and Remediation

1. Counseling and remediation are an essential aspect of the quality improvement process and include, but are not limited to:

- a. Recognition, reward, and reinforcement
- b. Case review and counseling on specific issues with focused QI review to monitor for recurrence over a specified period
- c. Didactic courses
- d. Supervised clinical time with a written outcome summary
- e. Didactic remediation with case scenario
- f. Topic-oriented research
- g. Development of in-service or written paper on a specific topic with supervised review
- h. Patient Care Record (PCR) and/or medical dispatch record review with a supervised written summary
- i. Focused quality improvement review of ongoing care, including but not limited to PCR review, field observation, and tape review

2. Recurrence of issues at any level may require increased counseling, monitoring, and/or remediation.

a. A written remediation agreement with the involved individual(s) may include, but not be limited to:

- (1) Identification of the specific opportunity to improve
- (2) Identification of specific written future expectations, including the expected time frames for successful completion

- (3) Consequences of failure to comply
- (4) Signature of personnel involved on the written agreement
- (5) Timelines for resolution and conclusion

3. System-wide issues may be referred to the appropriate SLOEMSA committee(s) for assistance in resolving the issue.


V. AUTHORITY

- California Health and Safety Code, Division 2.5
- California Code of Regulations, Title 22, Division 9

VI. ATTACHMENTS

A. CQI Review Process – Flow Chart

Approvals:

EMS Agency, Administrator	
EMS Agency, Medical Director	