

POLICY #101: QUALITY ASSURANCE PROGRAM

I. PURPOSE

- A. The purpose of this policy is to describe the Quality Assurance Program (QAP), the responsibilities of the County of San Luis Obispo Emergency Medical Services Agency (SLOEMSA), the responsibilities of each emergency medical services (EMS) provider agency, and the incident review process. The primary goal of the SLOEMSA Quality Assurance Program (QAP) is to ensure continued high-quality patient care.

II. LEGAL BASIS:

A. EMT Personnel:

1. An employer of an emergency medical technician (EMT) may conduct investigations as necessary and take disciplinary action against an EMT who is employed by that employer for conduct alleging or indicating the possibility of a threat to public health and safety as listed in Division 2.5 of the Health and Safety Code, §1798.200. The employer shall notify the SLOEMSA medical director within (3) three working days when an allegation has been validated as a potential violation of one or more items listed under Division 2.5 of the Health and Safety Code (H&S), §1798.200.
2. An employer of an EMT employee shall notify the SLOEMSA medical director when a violation of one or more of the items listed under Division 2.5 of the H&S §1798.200 within (3) three working days after the EMT is terminated or suspended for a disciplinary cause, the EMT resigns following notification of an impending investigation based upon evidence that would indicate the existence of a disciplinary cause, or the EMT is removed from EMT-related duties for a disciplinary cause after the completion of the employer's investigation.
3. At the conclusion of an investigation, the employer of an EMT may develop and implement, in accordance with the guidelines for Model Disciplinary Orders (MDO), temporary suspensions and conditions of probation adopted pursuant to H&S §1797.184, a disciplinary plan for the EMT. Upon adoption of the disciplinary plan, the employer shall submit that plan to SLOEMSA within (3) three working days. The employer's disciplinary plan may include a recommendation that the SLOEMSA medical director consider taking action against the holder's certificate.

B. Paramedic Personnel:

1. When information comes to the attention of the SLOEMSA medical director that a paramedic license holder has committed any act or omission that appears to constitute grounds for disciplinary action under Division 2.5 of the H&S, §1798.200, the SLOEMSA medical director may evaluate the information to determine if there is reason to believe that disciplinary action

may be necessary, the SLOEMSA medical director will then notify the paramedic's Agency.

2. If the medical director refers the matter to the California Emergency Medical Services Authority (EMSA) for further investigation and/or discipline of the paramedic license holder, the recommendation shall include all documentary evidence that was collected by the medical director while evaluating whether or not to make that referral. The recommendation and accompanying evidence shall be deemed in the nature of an investigative communication and be protected by §6254 of the Government Code. In deciding what level of disciplinary action is appropriate in the case, EMSA shall consult with the SLOEMSA medical director.

III. REPORTABLE INCIDENTS:

Issues that contributed to a negative patient outcome and/or issues involving grossly inappropriate behavior by any personnel involved. Additionally, issues that may potentially be a threat to public health and safety but did not necessarily contribute to a negative patient outcome. Listed below are examples of potential incidents:

- A. Sentinel Events – A sentinel event is an unexpected occurrence involving death, serious physical or psychological injury, or the risk thereof. The phrase "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Such events are called "sentinel" because they signal the need for immediate investigation and response.
- B. Breach of the standard of care (i.e., failure to assess/act, patient abandonment).
- C. Medication errors – errors in drug choice, dosage, and route.
- D. Treatment errors – procedural errors (e.g., unrecognized esophageal intubation) or errors in assessment/application of treatment guidelines that lead to treatment errors (e.g., medication given or procedure done when not warranted).
- E. Key equipment failure on a call directly related to the care of the patient.
- F. Care beyond the appropriate scope of practice.
- G. Failure to follow SLOEMSA policy or protocol.
- H. Suspected violations of Division 2.5 H&S §1798.200.
- I. Any alleged or known injury to a patient as a result of actions by EMS personnel.

IV. INCIDENT REVIEW

- A. Any individual or organization/agency may refer an incident for QA review.
- B. Responsible organization/agency must review each referred incident through their QA program as directed by the organization/agency's QA Policy and implement a Performance Improvement Plan (PIP) when indicated by review.

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- C. At the end of the QA review, the organization/agency responsible must provide feedback to the referring party and involved individual(s).
- D. At the end of the QA review, regardless of level, the organization/agency responsible must send the completed SLOEMSA Provider Case Tracking Form to SLOEMSA.
- E. Disposition of QA review by Level:
1. **Level 1**
 - a) Maintain records within the organization/agency's QIP Program
 2. **Level 2**
 - a) Maintain records within the organization/agency's QIP Program.
 3. **Level 3:** (When they occur, SLOEMSA waits to see the provider's outcome)
 - a) Maintain records within the organization/agency's QIP Program
 - b) Notify SLOEMSA within (3) three working days of the alleged violation
 - c) Submit a completed review and recommendation to SLOEMSA for review and approval
 4. **Level 4:** (when they occur and SLOEMSA is notified and is involved with the investigation).
 - a) Maintain records within the organization/agency's QIP Program
 - b) Follow employer review and action, with notification and involvement of SLOEMSA and the SLOEMSA Medical Director, as indicated by H&S §1798 et al.
 - c) Any patient care which may have occurred during the incident must also undergo QA/QI review and be reported to SLOEMSA.
- V. DEFINITIONS OF INCIDENT LEVELS (SLOEMSA CAN UPGRADE OR DOWNGRADE):
1. **Level 1**
 - a) Policy compliance or system issues that do not directly impact patient care
 - b) Disrupted communication with treatment in compliance with protocolExamples include, but not limited to:
 - Communication or transport issues between responding agencies
 - Documentation issues with a single or multiple responding medics
 2. **Level 2**
 - a) Recurrent (more than 2) Level 1 incidents
 - b) Non-compliance with treatment protocols or policies with minimal potential for patient harmExamples include, but not limited to:

- Failure to administer Aspirin (ASA) for chest pain
- Failure to take a right-sided 12 lead for inferior infarct.

3. Level 3

- a) Recurrent (more than 2) Level 2 incidents
- b) Non-compliance with treatment protocols or policies with potential for patient harm
- c) Care rendered or ordered outside scope of practice as defined by SLOEMSA policies and procedures:

Examples include, but not limited to:

- Failure to take STEMI or Trauma patient to the appropriate designated hospital
- Giving incorrect medication or incorrect dose of medication
- Failure to apply SMR when indicated by protocol

- d) If a provider places an individual on a PIP for level 3 medical errors or above, notification to SLOEMSA shall occur.

4. Level 4

- a) Any incident which qualifies for review under H&S §1798 et al.

VI. POLICY

A. Prehospital Personnel Responsibilities:

- 1. Immediately report the above-defined incidents to an on-duty provider agency supervisor.
- 2. Immediately notify the RN or physician staff at the receiving facility if an error impacts or has a potential to impact patient health and well-being.
- 3. Immediately notify the base hospital MICN and/or physician who directed the call regarding errors involving base/modified base hospital contact issues.
- 4. Within 24 hours of the incident, submit a written incident report to the provider agency supervisory personnel describing the details of the alleged incident.
- 5. Reasonably cooperate with the investigation of the alleged incident.

B. Prehospital Provider Agency Responsibilities:

- 1. If the prehospital provider agency is the reporting entity, the following procedures shall be followed:
 - a) Provide a written report of the incident and any other incident-related materials (PCR, voice recordings, etc.) to the appropriate allied agency or hospital within (3) three working days of becoming aware of a reportable incident.
 - b) Provide reasonable and appropriate information to the investigating agency to assist them in completing their investigation.

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2. If the prehospital provider agency receives notification of a reportable incident from another entity, the following procedures shall be followed:
 - a) Acknowledge receipt of the incident to the reporting party within 24 hours. In cases where an agency's CQI representative is off duty, the 24 hours will begin upon arrival on duty.
 - b) Conduct a thorough incident investigation.
 - c) Determine what action, if any, should be taken as a result of the findings of the investigative process. Such actions may include one or more of the following:
 - No action is necessary.
 - Remedial education.
 - Provider disciplinary action.
 - Referral to SLOEMSA and/or the California EMS Authority for potential certification/licensure action.
 - Referral to SLOEMSA for possible case review and/or policy/protocol revision.
 - d) Prehospital providers shall document the tracking and resolution of reportable incidents using the SLOEMSA Provider Case Review Form. The SLOEMSA Provider Case Review Tracking Form shall be made available to SLOEMSA for any incident that requires referral to SLOEMSA for additional review/action.
 - e) Notification of resolution shall be provided to the reporting organization/agency/person(s). This notification shall be in compliance with current employment and confidentiality laws and, at a minimum, will advise that the incident has been investigated, resolved, and closed.
- C. Base/Receiving Hospital Responsibilities:
1. If the base/receiving hospital is the reporting entity, the following procedures shall be followed:
 - a) Provide a written report of the incident and any other incident-related materials (patient outcome information, voice recordings, etc.) to the appropriate prehospital provider agency within (3) three working days of becoming aware of a reportable incident.
 - b) Provide reasonable and appropriate information to the investigating agency to assist them in completing their investigation.
 2. If the base/receiving hospital receives a concern/complaint from a prehospital provider that involves the EMS system, the following procedures shall be followed:
 - a) Conduct a thorough incident investigation.

b) Determine what action, if any, should be taken as a result of the findings of the investigative process. Such actions may include one or more of the following:

- No action is necessary.
- Remedial education.
- Provider disciplinary action.
- Referral to SLOEMSA for possible case review and/or policy/protocol revision.

c) Notification of resolution shall be provided to the reporting organization/agency/person(s). This notification shall be in compliance with current employment and confidentiality laws and, at a minimum, will advise that the incident has been investigated, resolved, and closed.

- D. Prehospital provider agencies and base hospitals shall report to SLOEMSA within (3) three working days if the reporting entity is not satisfied with the provider's investigation and/or resolution of the incident.

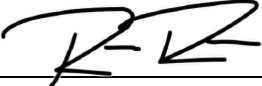
VII. AUTHORITY

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

VIII. ATTACHMENTS

- A. SLOEMSA Provider Case Tracking Form

Approvals:

EMS Agency, Administrator	
EMS Agency, Medical Director	