

CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES
A Division of the Fresno County Department of Public Health

Manual:	Emergency Medical Services Administrative Policies and Procedures	Policy Number: 704 Page: 1 of 13
Subject:	Quality Improvement Reporting	
References:	California Administrative Code, Title 22, Division 9, Chapter 3	Effective: 02/03/86

I. POLICY

Any unusual occurrence involving EMS personnel or operations will be reported according to the following procedures.

II. PURPOSE

The Quality Improvement policy is designed so that each participant in the EMS system has the opportunity to provide feedback and provide input into the operation of the EMS system. A QI Report affords the EMS Agency, and affected providers and hospitals, a process to document and review policies, personnel performance issues, or other positive, negative, or unusual incidents. In instituting the QI Report, the author assists the EMS Agency, provider agencies, and hospitals, in constantly upgrading the delivery of Emergency Medical Services in the Central California EMS Region and potentially improving medical care.

III. PROCEDURE

The intent of the QI process is to learn from the issue or incident in order to improve future performance. Therefore, every attempt should be made to discuss the issue(s) first with all parties involved prior to initiating the QI process. This may provide insight to all parties concerned, as well as an immediate educational benefit to the EMS system.

The author will notify his/her supervisor, Prehospital Liaison Nurse (PLN) or Prehospital Liaison Officer (PLO) of the incident. QI Reports may also be initiated through customer complaints received by provider agencies, hospitals, or the EMS Agency. The supervisor or PLN/PLO will prioritize the incident as either Emergent (immediate notification of the EMS Agency) or Non-Emergent. The author will initiate a Quality Improvement Report and complete both sides of the form. The PLN/PLO will notify the QI Coordinator at the EMS Agency by the next working day to obtain a QI file number.

If the information required on the report is unknown to the author, the liaison of the author's agency/hospital will assist in providing the information to help complete the form. Once the form has been completed, the author will follow his/her agency's procedure for transferring the form to the liaison of their agency. After the liaison has received and reviewed the QI Report, the liaison will follow the Quality Improvement Flow Chart (Attachment D).

IV. FORMS/CHARTS

The documentation forms, flow chart, and category definition and example list are designed to facilitate a more efficient QI process. The Quality Improvement forms, documentation and investigation information is confidential and protected information in accordance with California Civil Code Section 56, et seq. California Evidence Code Section 1040 and Section 1157, et seq. and California Code of Regulations, Title 22, Division 9.

Approved By EMS Division Manager	Daniel J. Lynch (Signature on File at EMS Agency)	Revision
EMS Medical Director	Jim Andrews, M.D. (Signature on File at EMS Agency)	10/01/2004

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A. Quality Improvement Report Form (Attachment A)

This is an OFFICIAL EMS Agency document; which is used to initiate the QI process anytime an incident has occurred, negatively or positively impacts the EMS system. In addition, this document serves as the response document for individuals asked to give their input or statement. If additional documents are required, EMS personnel may write (ink only) or type their response on a separate piece of paper and attach it to the original QI Report. It is important that no copies of this report and tracking form (attachment B) are made, since copies maintained at agencies may not be protected.

B. Quality Improvement Tracking Form (Attachment B)

This form is initiated by the Agency PLN/PLO upon receiving a QI Report. The form is designed to track the QI Report using the successive available lines in the Routing/Actions Taken section. The PLN/PLO will forward this form, along with the QI Report, to involved agencies, until its final destination at the EMS Agency.

C. Category Definitions and Examples (Attachment C)

The QI category definitions and example list is to be utilized by the PLN/PLO or designee to categorize the type of QI incident as either Emergent or Non-Emergent, as identified in Attachment C.

1. **Emergent** – Issues that contributed to a negative patient outcome, and/or issues involving grossly inappropriate behavior by any involved personnel. Also, issues that may potentially be a threat to public health and safety but did not necessarily contribute to a negative patient outcome. These incidents require immediate notification of the EMS Agency.
2. **Non-Emergent** – Issues that did not contribute to a negative patient outcome and do not require immediate notification of the EMS Agency.

D. Quality Improvement Flow Chart (Attachment D)

This form is an overview of the QI process from the initiation of a QI Report to its resolution. Agency PLN/PLOs should follow progressive steps and timelines of the CQI process closely to ensure a resolution.

V. DOCUMENTATION

A. Quality Improvement Report

1. Section A-I

Contains an area to designate the origin for the County involved, as well as a shaded gray box that is for “Official Use Only.”

<p>CENTRAL CALIFORNIA EMERGENCY MEDICAL SERVICES</p> <p>COUNTY INVOLVED:</p> <p><input type="checkbox"/> FRESNO <input type="checkbox"/> KINGS <input type="checkbox"/> MADERA <input type="checkbox"/> TULARE</p> <p><input type="checkbox"/> OTHER _____</p>	<p style="text-align: center; font-weight: bold; font-size: small;">OFFICIAL USE ONLY</p> <p>CQI # _____</p> <p>DATE RCVD: _____</p> <p><input type="checkbox"/> Emergent <input type="checkbox"/> Non-Emergent</p>
<p>CONFIDENTIAL</p> <p style="font-size: x-small;">(In Accordance with California Civil Code Section 56, et seq, California Evidence Code Section 1040 and Section 1157, et seq, and California Code of Regulations, Title 22, Division 9)</p> <p>QUALITY IMPROVEMENT REPORT</p>	

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Section A-I

2. Section A-II

Included in this area is the Incident Logistic information. This information is one of the most essential parts of this document. It provides the specific information that allows the individuals involved to be contacted and the incident or issue to be reviewed more efficiently.

- a. All applicable areas must be completed, to the best of your ability, prior to submission.
- b. "Personnel Involved" area should be completed to the best of your ability. First and last names are preferred, but Agency unit number or title will be accepted.

<u>Incident Logistics</u>		
Call Location: _____		EMS Disp. #: _____
Date: _____	Time: _____	Location: <input type="checkbox"/> On Scene <input type="checkbox"/> Enroute <input type="checkbox"/> At Hospital <input type="checkbox"/> Other
Patient Name: _____		Med. Record # or DOB: _____
PCR/BHRR # (Attach Copy): _____		
<u>Personnel Involved</u>	<u>Agency</u>	<u>Discussed with Individual</u>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section A-II

3. Section A-III

This area serves as a reminder that notification of your supervisor/PLN/PLO is required, and to allow for tracking of that process.

- a. The first step to initiate the QI process is to notify your On-Duty Supervisor/PLN/PLO. This should be done verbally, with the following information written on the QI Report document.

<u>Primary Tracking</u>
Date & Time On-Duty Supervisor /PLN/PLO Notified: _____
Name & Title of Individual Contacted: _____

Section A-III

4. Section A-IV

This section is reserved for only the author's information and the date the document was actually submitted to the PLO/PLN. All areas should be completed prior to submission.

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Special Note: The date the QI Report was written and when it was actually submitted should be no more than 24 hours between the two. All QI Reports must be turned in by the end of your shift, or within 24 hours after the incident.

<u>Author Information</u>	
Signature: _____	Date: _____
Print Name: _____	Cert. #: _____
Agency/Facility: _____	Date Submitted to PLO/PLN: _____

Section A-IV

5. Section A-V (See Attachment A back)

This is the back of the QI Report with three distinct areas: Key Issue, Account of Incident, and Proposed Resolution. Each area must be completed, with the author’s initials being placed at the end of the area.

- a. Key Issue: This is to be one to two sentences in length and highlight the primary point/concern (i.e., Policy issue – Med error). It should not be a synopsis of the entire event or issue.
- b. Account of Incident: This is the area that the narration of the concern or issue should be stated. This will constitute the body of your QI Report and should contain factual statements, free from subjective insight or politically motivated innuendos. Attempt to stay focused and concise.
- c. Proposed Resolutions: This area MUST be completed by the author prior to being submitted. The purpose of this area is to gain insight into possible solutions from those individuals directly involved in the issue.

B. Quality Improvement Tracking Form

This form is utilized by the PLN/PLO to track the QI Report. The Tracking Form is initiated at the time the PLN/PLO receives the QI Report from the author. The document becomes the record of all activities or actions. The Tracking Form is divided into four (4) sections.

1. Section B-I

This section identifies the demographics of the QI incident. This area should be completed as soon as possible, with the QI number being obtained by the EMS Agency by the next working day.

<u>Incident Logistics:</u>	
County Involved: <input type="checkbox"/> FRESNO <input type="checkbox"/> KINGS <input type="checkbox"/> MADERA <input type="checkbox"/> TULARE <input type="checkbox"/> OTHER _____	
Status: _____	Date Open: _____ Date Closed: _____
Incident Date and Time: _____	EMS # _____
Incident Location: _____	
Description: _____	

Section B-I

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2. Section B-II

This section classifies the type of issue in the QI incident to allow for easier categorization.

Issue(s):		
<input type="checkbox"/> Airway <input type="checkbox"/> AMA/RAS <input type="checkbox"/> Call-In <input type="checkbox"/> Destination <input type="checkbox"/> Dispatch <input type="checkbox"/> Documentation <input type="checkbox"/> Equipment Failure <input type="checkbox"/> Equipment Utilization <input type="checkbox"/> Call-In	<input type="checkbox"/> Hospital Diversion <input type="checkbox"/> Inappropriate Behavior <input type="checkbox"/> Interpersonal <input type="checkbox"/> Manpower/Resource Utilization <input type="checkbox"/> MCI <input type="checkbox"/> Medical Control <input type="checkbox"/> Medication Broken <input type="checkbox"/> Medication Error <input type="checkbox"/> Medication Missing	<input type="checkbox"/> Patient Assessment <input type="checkbox"/> Patient Transfer <input type="checkbox"/> Patient Treatment <input type="checkbox"/> Patient Turnover <input type="checkbox"/> Physician Issues <input type="checkbox"/> Policy Clarification <input type="checkbox"/> Scope of Practice <input type="checkbox"/> Other: _____ _____

Section B-II

3. Section B-III

This section documents the routing of the CQI process. The PLN/PLO should document all activities on the line provided pertaining to the incident (i.e., received, forwarded, recommendation, action). The date and initials of the PLN/PLO making the actions should also be written.

Routing/Actions Taken:						
Date	Rcvd	Frwd	Rcmd	Action		Initial
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Section B-III

4. Section B-IV

The resolution area is the responsibility of the EMS Agency to complete and signifies conclusion of the QI issue within the CQI process. The EMS Agency will notify the involved agencies of the final resolution.

Resolution: (EMS Agency Only)		
<input type="checkbox"/> Critique <input type="checkbox"/> Certification Action <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-II <input type="checkbox"/> Intern <input type="checkbox"/> Interim <input type="checkbox"/> Suspension <input type="checkbox"/> Educational Feedback <input type="checkbox"/> Written <input type="checkbox"/> Meeting <input type="checkbox"/> Formal Investigation	<input type="checkbox"/> No Action <input type="checkbox"/> Policy/Procedure Revision <input type="checkbox"/> Probation <input type="checkbox"/> Remedial Education <input type="checkbox"/> Formal Instruction <input type="checkbox"/> Policy Review <input type="checkbox"/> Protocol Review <input type="checkbox"/> Referred to State	<input type="checkbox"/> Verbal Reprimand <input type="checkbox"/> Written Report <input type="checkbox"/> Written Reprimand <input type="checkbox"/> Other: _____ _____ _____

Section B-IV

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VI. RESOLUTION OF QUALITY IMPROVEMENT INCIDENT

A. Investigative Process

1. The Central California EMS Agency shall conduct an investigation of any allegation received from a credible source, including discovery through medical audit, customer complaint and/or other medical professionals.
2. The investigative process shall be conducted pursuant to EMS Policy and Title 22, Division 9 of the California Code of Regulations (Emergency Medical Personnel Certification Review Process Guidelines). PLNs and PLOs will assist the EMS Agency during the investigative process.

B. Determination of Appropriate Action

1. The EMS Medical Director or designee shall determine what action, if any, should be taken as a result of the findings of the investigative process.
2. The nature of the action should be proportionate to and related to the severity of the deviation from EMS Policies and Procedures or treatment protocols. It will also be proportionate to the risk to the public health and safety caused by the actions of the holder of, or applicant for, a prehospital EMS certificate.
3. Resolution will be determined by the following steps:

- a. Critique – The EMS Agency will review all documents, the nature of the issue, and possible resolution outcomes.

If additional information is needed, the EMS Agency will contact involved agencies for assistance.

If an agency has determined and implemented resolution, it should be included in the documentation of the QI Tracking Form. However, an agency resolution is independent from any resolution prescribed by the EMS Agency.

- b. The EMS Agency will resolve QI incidents as outlined in the QI Tracking Form. Resolution may be one or more of the following:

- 1) No action – After a complete investigation, no action is necessary to resolve issue.
- 2) Policy/Procedure Revision – QI issue is resolved with revision to EMS Policy and Procedure Manual or treatment protocols.
- 3) Educational Instruction – The appropriate EMS Medical Director will give EMS personnel feedback on the QI document to be reviewed by involved individuals and PLN/PLO.
- 4) Meeting – A meeting will take place with involved individuals and the EMS Medical Director or designee to discuss the issues and additional actions to resolve.
- 5) Remedial Education – Prescribed by EMS Medical Director to correct deficiencies. This may include written report, giving a C.E. class, reviewing Policy/Protocol, attending lectures and/or additional clinical or field evaluations (up to 40 hours clinical or 240 hours field). This may also include being partnered with an individual of the same certification level during the first thirty days of a formal investigation.

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- 6) Written/Verbal Reprimand – This action will be documented and placed in individual’s EMS training/accreditation file. May also be utilized for reoccurring deficiencies that cannot be corrected with remedial education.
- 7) Referred to the State EMS Authority – Any incident which is a serious threat to public health and safety and/or may require disciplinary/licensure action against EMS personnel as outlined in title 22, Division 9 of the California Code of Regulations (Emergency Medical Personnel Certification Review Process Guidelines). This may include:
 - a) Placement of a license holder on probation.
 - b) Suspension of license/certification.
 - c) Revocation of license/certification.
 - d) Denial of license/certification.
 - e) Denial of renewal or license/certification.

C. Formal Investigation Process

A formal investigation is an official investigative process, which is specifically outlined in Title 22, Division 9 of the California Code of Regulations.

D. Grounds for Disciplinary Action

A determination by the EMS Medical director or designee that any of the actions identified in division 2.5, Section 1798.200 of the Health and Safety code has occurred constitutes evidence of a threat to the public’s health and safety and is cause for initiating disciplinary action.

E. Notification of Resolution

- 1. Formal Investigation – The EMS Medical Director or designee shall formally notify the individual(s) involved in accordance with Title 22, Division 9 of the California Code of Regulations.
- 2. Routine Investigations – The EMS QI Coordinator will send a letter identifying QI incidents that have been resolved and closed to each provider or hospital agency.

**CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES**

COUNTY INVOLVED:

FRESNO KINGS MADERA TULARE
 OTHER _____

OFFICIAL USE ONLY
CQI # _____
DATE RCVD: _____
<input type="checkbox"/> Emergent <input type="checkbox"/> Non-Emergent

CONFIDENTIAL

(In Accordance with California Civil Code Section 56, et seq, California Evidence Code Section 1040 and Section 1157, et seq, and California Code of Regulations, Title 22, Division 9)

**QUALITY IMPROVEMENT
REPORT**

(Information for Attorneys representing the Central California EMS Agency)

Incident Logistics

Call Location: _____ EMS Disp. #: _____

Date: _____ Time: _____ Location: On Scene Enroute
 At Hospital Other

Patient Name: _____ Med. Record # or DOB: _____

PCR/BHRR # (Attach Copy): _____

Personnel Involved

Agency

Discussed with Individual

_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Primary Tracking

Date & Time On-Duty Supervisor /PLN/PLO Notified: _____

Name & Title of Individual Contacted: _____

Author Information

Signature: _____

Date: _____

Print Name: _____

Cert. #: _____

Agency/Facility: _____

Date Submitted to PLO/PLN: _____

Documentation Area

Issue: (Please State in One or Two Sentences)

Initial: _____

Account of Incident:

Initial: _____

Proposed Resolution: (Author Must Complete)

Initial: _____

Routing/Actions Taken:

<u>Date</u>	<u>Rcvd</u>	<u>Frwd</u>	<u>Rcmd</u>	<u>Action</u>	<u>Initial</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Comments:

Resolution: (EMS Agency Only)

- | | | |
|---|--|--|
| <input type="checkbox"/> Critique | <input type="checkbox"/> No Action | <input type="checkbox"/> Verbal Reprimand |
| <input type="checkbox"/> Certification Action | <input type="checkbox"/> Policy/Procedure Revision | <input type="checkbox"/> Written Report |
| <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-II | <input type="checkbox"/> Probation | <input type="checkbox"/> Written Reprimand |
| <input type="checkbox"/> Intern <input type="checkbox"/> Interim | <input type="checkbox"/> Remedial Education | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Suspension | <input type="checkbox"/> Formal Instruction | _____ |
| <input type="checkbox"/> Educational Feedback | <input type="checkbox"/> Policy Review | _____ |
| <input type="checkbox"/> Written <input type="checkbox"/> Meeting | <input type="checkbox"/> Protocol Review | _____ |
| <input type="checkbox"/> Formal Investigation | <input type="checkbox"/> Referred to State | _____ |

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Category and definitions are as follows:

CATEGORY	NON-EMERGENT	EMERGENT
TIME FRAME	60 Days	60 Days
DEFINITIONS	Issues that did not contribute to a negative patient outcome and do not require immediate notification.	Issues that contributed to a negative patient outcome, grossly inappropriate behavior, or issues with potential threat to public health and safety.
EXAMPLES	Attaboys/Acknowledgement Broken/Missing/Controlled Medications Destination Issues Education Issues Equipment and Stocking Issues Interagency Issues Interdepartmental Issues Interpersonal Issues PCR Documentation Policy Clarification Policy Deviation Radio Communications Tracking Purposes Unusual Occurrence	<u>Negative Patient Outcome Issues:</u> Equipment and Stocking Issues Patient Assessment/Priority Setting Medication Errors Medical Treatment Private Party Complaints Policy and Procedure Deviations Recurrent Problems (Individual and System) Technical Skills Issues <u>Grossly Inappropriate Behavior Issues</u> Fraud Gross Negligence Insubordination Patient Abuse Substance Abuse Unprofessional/Irrational Behavior

(Attachment C)

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