

Tuolumne County Emergency Medical Services Agency
EMS System Policies and Procedures

**Policy: Quality Assurance - Quality Improvement Responsibilities #640.50
- ALS Providers**

		Creation Date:	3-30-2000
Medical Director:	<u>Signature on File</u>	Revision Date:	
EMS Coordinator:	<u>Signature on File</u>	Review Date:	3-30-2003

I. AUTHORITY

Division 2.5, California Health and Safety Code, Sections 1797.220 and 1797.221;
California Code of Regulations, Division 9, Sections 100172, 100173, 100174 and
100175.

II. PURPOSE

The purpose of this policy is to establish the QA-QI responsibilities of Tuolumne County
Advanced Life Support (ALS) providers.

III. POLICY

A. Prospective:

1. Comply with all pertinent rules, regulations, laws and codes for Federal,
State or County government applicable to emergency medical services.
2. Comply with all pertinent Tuolumne County EMS policies and
procedures.
3. Participation on committees as requested by the EMS agency.
4. Education activities:
 - a. Orientation of personnel to the Tuolumne County EMS system,
including optional and expanded scope of practice for ALS
personnel.
 - b. Participation in provider and base hospital field care audits.
 - c. Participation in continuing education courses and the training of
prehospital care personnel.
 - d. Offer educational opportunities based on problem identification,
job scope and trend analysis.
 - e. Establish procedure for informing staff of changes in EMS policies
and procedures and other system changes.

5. Evaluation - develop criteria for evaluation of EMS field personnel through direct observation to include, but not be limited to:
 - a. Patient care reports and other documentation.
 - b. Direct observation of care in the field.
 - c. Standardized evaluation of new employees.
 - d. Routine evaluations.
 - e. Problem oriented and incident evaluation.
6. Peer Review Process:
 - a. Each ALS provider shall develop and submit a plan for approval of a peer review process, including the formation of a peer review committee and should address:
 - (1) Number of members;
 - (2) The appointment process for members;
 - (3) Members terms;
 - (4) Selection of a committee chairperson;
 - (5) How official minutes will be kept;
 - (6) Confidentiality;
 - (7) How recommendations from the committee will be addressed.
 - b. Upon mutual agreement between the provider and the EMS agency, the EMS Medical Director or EMS Coordinator may attend meetings of the peer review committee and review minutes of peer committee meetings.
 - c. Develop performance standards for evaluating the quality of care delivered by pre-hospital personnel through the peer review process.

B. Concurrent:

1. Conduct ride-along evaluations of field personnel (EMT-I and EMT-P) utilizing pre-established criteria.
2. Provide availability of field supervisors or QA-QI personnel for consultation and assistance.

C. Retrospective:

1. Providers shall hold monthly peer review committee meetings to evaluate the following:

- a. Patient refusals;
 - b. Patients released at scene;
 - c. Skill specific ALS interventions, e.g. intubation, cardioversion;
 - d. Appropriateness of treatment protocol utilization;
 - e. Patient care record documentation;
 - f. Patient assessments;
 - g. Other items requested by the peer review committee, EMS agency or QA-QI Committee.
2. Participate in prehospital research and efficacy studies requested by the EMS Agency or the QA-QI Committee.

D. Reporting/Feedback:

1. Develop a process for identifying trends in the quality of field care.
2. Submit reports to the EMS agency and QA-QI Committee.
3. Develop and provide education classes based on problem identification and trend analysis.
4. Ensure that all new employees are instructed in completing and submitting an Incident Report - Request For Review Form No. 652.10.