SAN BENITO COUNTY

QUALITY IMPROVEMENT PLAN

San Benito County
Emergency Medical Services
Quality Improvement Plan

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San Benito County
Quality Improvement Plan

Purpose and Philosophy

"Continuous Quality Improvement" or "CQI" means methods of evaluation that are composed of structure, process, and outcome evaluations which focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes, and take steps to correct the process. *(Title 22, 100136)*
Note: Authority cited: Sections 1797.107, 1797.172, 1797.185, Health and Safety Code. Reference: Sections 1797.172 and 1797.204 Health and Safety Code.

The work habits and clinical competencies of prehospital care providers can be meaningfully influenced through a carefully designed Continuous Quality Improvement Program. The Continuous Quality Improvement Departments invest heavily in this process so as to assure that our employees will serve the communities of San Benito County with the utmost of care and clinical expertise through exemplary performance. The goal is to provide all San Benito County pre-hospital care providers with the support, information and skills necessary to provide high quality patient care through consistent evaluation and coaching.

Process and Agency Roles

Under the direction of the EMS Medical Director, CQI activities include prospective, concurrent, and retrospective methodologies:

- **Prospective CQI:** Prospective evaluation is the most effective process to ensure quality of care in EMS because it has the potential to prevent errors. Prospective CQI includes the credentialing of prehospital providers and the review of various components of the EMS system including policies and protocols. This CQI plan is a dynamic process of review and modification of the EMS system components in an ever-changing prehospital medical environment.

- **Concurrent CQI**: Concurrent on-scene review of patient care enforces positive behaviors and assists in the prevention and correction of errors before they occur. Concurrent performance review occurs during orientation, and on a continual basis by provider agency supervisors, with EMS Medical Director oversight. In addition, on-line medical control provides an important means of concurrent assessment of EMS System field personnel evaluation and treatment.

- **Retrospective CQI**: Documentation of patient care is retrospectively reviewed for completeness, accuracy, consistency, and validity. Focused audits are performed, as needed, to evaluate clinical competency based on policy driven system performance. Feedback from receiving facilities is provided to measure the appropriateness of providers' assessment and care.

➢ Contracted Ambulance Provider CQI Activities:

General Mandate: California Code of Regulations (CCR), Title 22, Section 100172, et al, provides the local EMS Agency the authority to require each Paramedic provider agency to have a quality assurance plan.

♦ Prospective CQI

- New Employee Orientation Program
- Preceptor Training
- ACLS/BCLS, PALS, or equivalent recertification's
- CE Classes
- Annual Infrequent Skills Training
- Meetings Attended - PAC, EMCC, CQI
- Interagency Liaison Work - FD, EMS, Base Hospital
- Annual Health and Safety Training (OSHA)

♦ Concurrent CQI

- New Employee Monitoring
- Periodic Field Evaluation
- Interagency Relationship Maintenance

♦ Retrospective CQI

- PCR audits
- AMA audit
- Quarterly CQI Reporting
- Call and Incident Review as Needed
- Focused Studies - airway, protocols

➢ Base Station Hospital CQI Activities:

General Mandate: The Prehospital Liaison Nurse (PLN) coordinates, implements, and supervises the Base Hospital operations in accordance with Title 22, Section 100174 in conjunction with the Base Hospital Medical Director.

♦ Prospective CQI

- Assures Base Hospital activities adhere to State, County and Emergency Department regulations, policies, and procedures
- Interfaces with hospital administration and County EMS
- Participates in development and review of policies and protocols for Base Hospital operations and prehospital care treatment
- Maintains Base Hospital documentation in accordance with San Benito County Policy
- Assists in trouble shooting problems with Base Hospital communications system
- Attends San Benito County Pre-hospital Advisory Council (PAC), CQI, Emergency Medical Care Commission (EMCC), Prehospital Providers, Medical Executive, and additional ad hoc committees. Also work with other San Benito County EMS provider members to identify, participate and implement system needs and solutions

♦ Concurrent CQI

- Real-time radio/telephone oversight of prehospital care in accordance with San Benito County policies
- Evaluation and immediate feedback to prehospital fire department personnel and ambulance transport Paramedics regarding management of patients

♦ Retrospective CQI

- Data entry of disposition and discharge diagnosis data on prehospital patients rated on an acuity scale (by EMT-P) as a level 4 and 5, patients with sentinel events occurrence as specified in San Benito County EMS CQI policy, and select trauma patients meeting MAP criteria
- Informs Base Hospital Medical Director of Base Hospital operations
- Participates in problem-solving on issues which involve ED physicians
- Discuss difficult calls on a one-to-one basis
- Participates in feedback mechanism on Paramedic performance to appropriate pre-hospital provider
- Participates in other duties as requested by San Benito County EMS or as determined by Base Hospital Operations

➢ EMS Agency CQI Activities:

General Mandate: The EMS Agency will implement and maintain a Continuous Quality Improvement (CQI) Plan in conjunction with the base hospital and provider agencies as outlined in Title 22, Section 100172

- ❑ Provide for a multidisciplinary team approach and provide staff support for the EMS CQI committee
- ❑ Assist in ongoing monitoring and evaluation of clinical and organizational performance
- ❑ Provide information to support system improvement of those processes that are important to the quality of patient care
- ❑ Provide confidential patient outcome and informational system reports to assist in improving the functions targeted by the CQI program

♦ Prospective CQI

- Comply with all pertinent Federal, State and County rules, regulations, laws and codes of applicable to Emergency Medical Services
- Review BLS Provider, ALS Provider and Base Hospital CQI plans, and facilitate implementation of required CQI activities
- Coordinate the prehospital Continuous Quality Improvement Committee
- Approve advanced life support system programs
- Establish policies and procedures to assure medical control, which may include emergency medical dispatch, basic life support, advanced life support, patient destination, patient care guidelines and continuous quality improvement guidelines
- Approve and monitor prehospital training programs
- Evaluate the credentials of all EMS personnel
- Certify and/or accredit prehospital personnel
- Design reports and procedures for monitoring identified problems and/or trends analysis

♦ Concurrent CQI

- Act as a resource for the BLS Providers, ALS Providers and Base Hospital
- Site visits to monitor and evaluate system components
- Provide analysis of data
- Coordinate countywide quality improvement activities
- On call availability for unusual occurrences such as mass casualty incidents (MCI), disasters, and other major incidents

♦ **Retrospective CQI**

- Evaluate the process developed by system participants for retrospective analysis of prehospital care
- Provide statistical analysis and identify trends in prehospital care
- Facilitate countywide EMS Continuous Quality Improvement Program
- Establish a CQI Committee in accordance with California Evidence Code Section 1157.7. The Committee will function under the direction and supervision of the EMS Agency Medical Director or designee to oversee and evaluate the medical control provided by hospitals within the County for the provision of prehospital care that affect system wide issues.

➢ **EMS Continuous Quality Improvement Committee**

General Mandate: Advise the EMS Medical Director in oversight of prehospital medical care in San Benito County.

- The EMS Quality Improvement Committee (QIC) membership will consist of:

-EMS Medical Director
-PLN from the Base Hospital
-EMS Coordinator
-EMS System Provider CQI Coordinators
-Base Hospital Medical Director

o The EMS Quality Improvement Committee will meet following the Pre-hospital Advisory Committee (PAC) meeting or as determined by the committee. The proceedings and records of this committee shall be free from disclosure and discovery. (CEC, Sect. 1157.7)

o The EMS Quality Improvement Committee will focus on system processes for improvement.

o The EMS Quality Improvement Committee will coordinate and compile focused studies/research on selected issues.

PROSPECTIVE QUALITY IMPROVEMENT

A. New EMS Provider Orientation

All EMS providers (Paramedic/EMT/First Responder) new to the San Benito County EMS system are required to complete an orientation process that includes both didactic and field components. These may include but are not limited to:

- System familiarization
- Deployment
- Communications
- Policy/protocol review
- Orientation to computerized PCR
- Mandatory skills training
- Base station familiarization
- Call routing and mapping skills
- MCI plan familiarization
- ICS Training
- Equipment checkout, vehicle layout, and maintenance
- Hazmat

San Benito County EMS System Orientation

The new EMS provider orientation will consist of, but is not limited to, county-specific topics such as a review of county policy and protocol, review of agency policies, system status management, mapping and navigation, equipment and supply review and conflict resolution in the EMS setting. An overview of infrequently used skills will be included.

Base Hospital Orientation

The EMS Provider will be given a tour of the hospital facility. The EMS Provider will be oriented to the layout and functional area of the Emergency Department (ED), authorized workstation for electronic Patient Care Report (ePCR) documentation, Paramedic Liaison Nurse (PLN) office, base radio, and ambulance receiving area.

Paramedic Field Training Phases

Phase I

Paramedic Field Orientation and Evaluation

In this phase, the new Paramedic is assigned to work with a Field Training Officer (FTO) for a minimum of 72 hours. The employee is scheduled as an extra person on the ALS unit so the FTO can focus exclusively on the orientation, training, evaluation and feedback of the new candidate. The new Paramedic will focus on patient care in the preliminary phase, including appropriate use of local treatment guidelines. The candidate will also be trained on ambulance operations, mapping, driving, county policy and procedures and system specific information that is essential to their success.

Paramedic Field Performance Standards

Throughout all phases of field training, the candidate's performance will be measured against the Paramedic Field Performance Standards (*see Appendix 1*). The Field Performance Standards were developed by a group of Paramedics at the peer level with the goal of standardizing field treatment expectations and practice. The performance standards are not only used for the evaluation of new Paramedics, but are useful for benchmarking the performance of currently employed Paramedics to help identify training needs among field staff and to acknowledge those Paramedics who consistently provide high quality patient care. While the performance standards are fairly inclusive, they are written in a common-sense fashion, and reflect reasonable notions of what is possible and expected given the limitations and difficulties that accompany many EMS calls.

Paramedic Evaluation and Feedback

The FTO will complete an evaluation of the new Paramedic's performance at least every shift or as often as every call. These evaluations will be forwarded to the CQI Coordinator. Throughout the field orientation and evaluation, the CQI Coordinator will monitor the progress and performance of the new Paramedic with regular reports to Operations.

In the event the new Paramedic does not meet or exceed standard in all areas of the Field Performance Standards at the completion of 72 hours, an extension of the training time may be granted at the discretion of the contract ambulance provider. This extension will occur only after the new Paramedic, the FTO, and the CQI Coordinator meet to discuss the results of the evaluation. Before the new Paramedic is cleared to begin additional training, the CQI Coordinator will develop customized objectives based on the candidate's training needs. These objectives will be agreed upon by the candidate and the FTO and will become the foundation for the new Paramedic's continued training. A specific time period is designated for the extension period. In the event that the new Paramedic does not meet standard in this time period, the employee will be terminated.

EMS Agency Orientation

The new paramedic will attend the EMS Agency Orientation, hosted by the EMS Medical Director or their designee. At this point in the new paramedic's training, they will have experienced much of the day-to-day operations of the local EMS system. During the EMS Agency orientation, the new paramedic will explore and discuss system wide issues from the EMS Agency's perspective.

Phase II

County Accreditation

In Phase II, the candidate will begin the Paramedic accreditation phase. In this phase, the candidate must successfully demonstrate proficiency in patient care on five (5) patient care contacts where a San Benito County policy or protocol is utilized. In addition to the five calls, the candidate must complete all aspects of the county accreditation requirements so as to demonstrate a comprehensive knowledge of all County policies and protocols. This will include all optional skills currently approved in the County. The accreditation evaluation form *(see Appendix 1)* must be completed within 60 days of submitting an application for accreditation to the EMS Agency. If the accreditation takes longer than 60 days, the CQI coordinator must contact the EMS Agency in writing to request an extension. At the completion of the accreditation phase, the FTO will submit all accreditation evaluations and the accreditation checklist to the CQI Coordinator who will forward the Certificate of Completion to the EMS Agency. The Paramedic trainee will receive County accreditation at the successful completion of this phase.

All new Paramedics must be licensed in the State of California and are required to meet all County accreditation requirements. All certifications necessary for accreditation are kept on file and available to the County EMS Agency upon request.

Phase III

Paramedic Field Evaluation

Phase III will consist of an additional 72 hours of field evaluation. The new Paramedic is scheduled as an extra person on the unit so the FTO/QLC can evaluate the new employee.

The primary focus of phase III is:

(1) The Paramedic trainee will continue to gain experience, increase proficiency and comfort level in treating patients and managing calls, while under the close supervision of the FTO.

(2) The Paramedic trainee will function as a fully accredited employee to include vehicle operations, navigation, communications, radios, documentation, and station familiarization.

The FTO will complete a Field Evaluation at least every shift or as often as every call. In addition, the candidate must have been signed-off on all aspects of the Phase III Checklist *(Appendix 1)*. At the conclusion of this phase, the candidate is required to meet with the CQI Coordinator to review and discuss the candidate's performance to date.

Probation / Restricted Work Schedule

Upon completing all phases of the field training, the candidate is encouraged to work with a Paramedic partner such that their combined experience will equal a minimum of one (1) year. In addition, the employee will be assigned a Quality Leadership Council (QLC) member as mentor

and coach, until the employee's probation has ended. The QLC mentor will be a resource to the new Paramedic to discuss issues relating to their ongoing performance as a new Paramedic in the San Benito County EMS system. The QLC mentor will be actively involved in the review and feedback on the employee's performance.

During the probationary period, all of the following will occur:

Chart Review

100% chart review of all patient contacts or other focused chart review at the discretion of the CQI Coordinator. The CQI Coordinator, QLC and FTO's will review PCR's collaboratively. This will include regular (and immediate when necessary) feedback to the new Paramedic on the results of their chart review.

Field Coaching

The CQI Coordinator and/or QLC mentor will conduct regular ride-alongs with the new Paramedic during the probationary period. The primary focus of the ride-along will be on coaching the Paramedic's performance while performing all roles during the duty shift. The new Paramedic will receive written feedback at the conclusion of the ride-along.

A. Continuing Education

California Health and Safety Code, Title 22 Sections 100154 and 100155 specify that a licensed Paramedic shall complete 48 Continuing Education (CE) every two years. The CQI Departments will assist ALS and BLS personnel in meeting these requirements by providing all mandatory training required by the County as well as by the State Occupational Health and Safety Administration (OSHA). ACLS, PALS/PEPP, BCLS or their equivalencies and mandatory County skills training are offered annually to all personnel.

The contract ambulance provider is an authorized CE provider. The CQI Coordinator may request copies of CE records for the employee file. A file is maintained for each EMS provider. Additionally, each EMS provider is required to maintain their own CE log, which is necessary for recertification purposes.

The CQI Departments also conduct training that address specific County performance issues. This training program is a cooperative effort by the CQI Coordinators and EMS Agency.

The CQI Departments also offer other training determined to be relevant and important for improving overall patient care. This will include, but is not limited to: presentations on patient assessments, documentation, trauma, airways, and all training necessary to upgrade local area scope of practice.

Annual mandatory training will consist of:

- Infection control
- Infrequent skills as recommended by the Prehospital Advisory Committee (PAC) in collaboration with the CQI team members.

BLS agencies will be offered the same opportunities to participate in all training provided by the CQI Departments. Quality improvement does not stop at the ALS level. We believe it is vital that all EMS personnel are trained to work as a team to provide competent patient care.

1. Base Station Education and Training

The Base Hospital will provide continuing education training. CE credits may be awarded for clinical hours practicing skills as approved by the Base Hospital PLN and EMS Agency.

2. Peer Training

Peer driven quality improvement and education are believed to be an integral component of the CQI process. The San Benito County Quality Improvement Council (QIC) responsibilities include:

- Orienting and evaluating new field staff
- Patient Care Report (PCR) auditing
- Providing direct instruction either on duty or in the classroom environment
- Helping field staff with remediation of any identified performance issues

The QIC responsibilities include developing new treatment protocols for consideration by the EMS Medical Director, analyzing clinical and operational data to measure system trends, and evaluating new medical equipment and supplies.

3. Continuing Education Units

The CQI departments provide continuing education credit approved for Paramedics, EMTs, and registered nurses in accordance with California state guidelines for CE providers. This education may consist of, but not be limited to: in-house independent studies, run reviews, multimedia presentations, focused training on system trends, and standardized curriculum.

The CQI Departments will monitor all required certifications and mandatory trainings. Electronic tracking of certifications and their expiration dates are submitted at the request of the EMS Agency for review and with required quarterly attrition reports.

4. Skill and Field Practice Standards

Title 22 defines Field Performance Standards for all areas of Paramedic/EMT field practice. These standards are used whenever evaluating field performance.

Policy, Procedure and Protocol Review and Distribution

The CQI Departments insure that all EMS system field personnel receive changes to County policies, procedures and protocols as far in advance as possible. Education and re-training is conducted when substantive changes occur. This training may range from simple explanatory e-mails to in-class didactic training in conjunction with protocol/policy review.

C. Participation in the Prehospital Advisory Committee (PAC) and Clinical Quality Improvement

The CQI Coordinators from contract ambulance provider will attend all PAC and CQI meetings as well as other meetings related to clinical issues. The CQI departments aggressively seek to assist the County in developing new protocols and policies, which promote the delivery of quality care in the field. The CQI departments make it a priority to collaborate with the Base Hospital to help develop policies and protocols that are beneficial to all agencies. The CQI departments provide a confidential CQI report at each PAC meeting.

D. System Status Management

Currently, the ALS system is an integrated countywide program that responds to all 911 requests. The integration of emergency personnel and equipment provides a seamless system, which provides the best possible care to the patient. The system is designed so the most appropriate resource responds to all calls.

Units may be dispatched at the request of a physician in the community to transport non-emergency transfers. All dispatch times are tracked by the communications center and are evaluated daily by the permitted ambulance providers. This data is also provided to the CQI departments for review is needed.

CONCURRENT QUALITY IMPROVEMENT

The Concurrent Phase of CQI focuses on monitoring performance and the application of procedures. Performance monitoring is accomplished through several multi-faceted mechanisms.

A. Periodic Field Evaluation

Field coaching provides further observation of clinical practice. This ride-along program uses field performance standards to evaluate Paramedic practice *as it occurs* during calls. The focus of field coaching is to evaluate the process that Paramedics use to manage scenes, assess patients, and implement appropriate treatment strategies. Field Training Officers (FTOs), Quality Improvement Council (QIC) members, and the CQI Coordinators may conduct ride-alongs for current employees.

In addition, Field Supervisors may respond on calls with field crews to observe, evaluate, provide support, as well as to ensure completeness, accuracy, and compliance with local policies.

Ongoing field coaching is provided to all employees, with new employees receiving additional oversight. As part of orientation and probation, new employees with the contract ambulance provider are required to work under direct observation of an FTO or QIC until the successful completion of all agency specific field-training objectives. During the probationary phase, which takes place when the new employee is released to independent duty, periodic ride-alongs are conducted to further review the performance of new the employee.

Field coaching ride-alongs may also be conducted with current, full-time and part-time paramedics/EMTs. Performance is measured according to the Field Performance Standards with immediate feedback provided to the employee, as well as written evaluation filed in their training file.

B. New Employee Monitoring Program

Within 90 days of being released to independent duty, every new employee with the contract ambulance provider will have a ride-along scheduled with an FTO or Quality Leadership Council (QLC) member. Immediate feedback is provided during the ride-along, as well as a written evaluation form completed and placed in the new employee's training file.

C. Interagency Relationship Maintenance

A critical aspect of directly observing employee performance is the evaluations of on-scene medical control, as well as the interaction between personnel from different agencies who care for the same patient. Efforts are focused on ensuring scene dynamics remain cooperative, healthy, and patient-focused. The value of on-scene relationships is paramount to successfully providing effective and seamless patient care.

Field Supervisors/Company Officers often respond to medical calls along with the ambulance and observe and evaluate on scene interagency dynamics between allied agencies, especially between providers from different agencies working together to care for the same patient. Immediate feedback may be provided after the call is complete. It will be followed up with a summary to the CQI Coordinator. Issues in need of further attention will be forwarded to the agency executives of the involved agencies. General information from these observations is also shared with the Quality Improvement Council.

D. Conflict Resolution

The conflict resolution process is used for communication, identification, clarification and/or resolution of any non-clinical issue among all system participants in San Benito County EMS. (Health & Safety Code, §1797.204)

1. Field personnel experiencing a misunderstanding or disagreement in the course of field operations are expected to resolve each issue in one or more of the following ways:
   a. after the call
   b. As soon as possible
   c. in person or by telephone
   d. among the participants
   e. at a mutually convenient location

2. Initiate a one-to-one or crew-to-crew meeting, as appropriate, in person or by telephone to talk about the situation with the other principal party. If the issue is resolved on scene, or shortly after the call, no further action is needed. If the issue cannot be resolved at this level, contact should be made with the next level of supervisors.

3. Initiate a meeting of those involved in the conflict. Include the next level of supervisors who were not involved in the conflict (i.e., field supervisor, company officer, CQI Team Member). The supervisors will assist by facilitating discussion and assisting participants in finding resolution. If the supervisors can facilitate a resolution, no further action is required.

4. If an the issue cannot be resolved at the supervisor level, an Incident Report will be completed and forwarded with supporting documentation to the Agency's CQI Coordinator. The CQI Department will evaluate the incident and provide follow up.

E. System Quality Improvement

The Quality Improvement Committee (QIC) conducts concurrent research to recommend new medical equipment, drugs, and identify EMS trends to improve the delivery of prehospital patient care.

RETROSPECTIVE QUALITY IMPROVEMENT

A. Quality Leadership Council (QLC)

The QLC consists of Paramedics/EMT's and the CQI Coordinator for the contract ambulance provider. The purpose of the QLC is to strengthen the delivery of pre-hospital care through consistent retrospective data analysis and clinical evaluation.

Responsibilities of each QLC member include:

1. 100% peer review of probationary Paramedics PCRs. *(see PCR Review: Appendix 3).*
2. Identification of quality improvement issues, as well as need for commendations utilizing the CQI Follow Up Form *(Appendix 3).*
3. Provide consistent feedback to Paramedic/EMT colleagues.
4. Participate in continuing education and training to improve system and individual delivery of pre-hospital care.
5. Assist the CQI Departments with periodic focused PCR audits.
6. Monitor quarterly statistics of advanced procedures.

Under the direction of the QIC, suggestions and recommendations are evaluated, and implemented utilizing CQI tools and techniques, as described in this plan. Training, designed to be responsive to system needs, is provided to involved personnel who will include the use of appropriate assessment tools and methodology. The CQI process is recorded and tracked utilizing a standardized CQI Monthly Summary Form.

B. Patient Care Auditing

1. Initial Clinical and Charting Audit

Each CQI department conducts this audit continuously and reviews 100% of the Prehospital Care Reports. This audit uses specific charting standards to evaluate both clinical and charting competencies. Utilizing a standardized format (Appendix 3), the CQI Department addresses any PCR requiring follow-up or further review. The format consists of written documentation outlining the issue(s) or strength(s) found. If further investigation is warranted, the CQI department initiates an action plan appropriate to the event.

The purpose of this audit is to keep CQI Coordinators informed of overall system performance. This overall system viewpoint is critical in keeping and maintaining an accurate perspective regarding daily clinical practice.

2. Focused Audits

Focused audits are utilized to identify system trends, which may be addressed through training or policy revisions. Focused audits are selected under the direction of the QIC in collaboration with the EMS agency.

C. Data Collection and Analysis

Statistical summaries are provided from the electronic data collection system used by the ALS provider. The summary provides the total number of ALS interventions, while simultaneously keeping track of all successful and unsuccessful ALS procedures. This information provides the CQI departments with the ability to obtain percentages on individual skill competency levels. A relational database will be established to compare these statistics to agencies, system wide averages, as well as State of California performance standards.

Additional data provided by the electronic data collection system includes information regarding: total number of calls per month, AMAs, change in transport status, all patients less than 14 years old, all status 4 and 5 patients, cardiac arrests, and time on task. These reports may be modified to meet the needs of the system at any time.

Data collection is also used to identify overall system trends, as well as individual clinical performance. Valuable information from data collection is used to identify educational needs for individuals, as well as the entire system.

Patient disposition reports are completed by the Paramedic Liaison Nurse on all status 4 and 5 patients (high acuity), MAP trauma triage patients, AMAs for which base contact was made, and determination of death and pronouncements.

D. Incident Review

Incidents are investigated and resolved in a consistent and standardized fashion. Whenever possible, all incidents are handled with an educational approach, unless a disciplinary response is warranted or required. A timeline for follow up is given if the incident includes external parties. In general, incident investigation includes the following algorithm:

1. **Type of Incident**

Determination is made whether the incident is operationally or clinically related. Agency management normally handles operational issues, whereas the CQI Department handles clinical issues. The CQI Department evaluates each case, on an individual basis, and will determine if intervention from the EMS Agency is needed. The CQI Departments shall endeavor to notify the County of any significant clinical incident within one business day of discovery.

*__***Clinical Sentinel Events***__ may include, but are not limited to:

a.) Deviations from protocols
b.) Deviations from scope of practice
c.) Medication errors
d.) Intubation complications
e.) Deviations from standards of care
f.) Incident Reports, relative to patient care or EMS system issues (each agency may use their own incident report form)

3. Investigation

An investigation will occur in the form of a review of the circumstances of the incident, which seek to accurately determine occurrences related to the incident or event in question. An investigation may consist of many components, including in person interviews, review of incident reports and other documentation that may be directly or indirectly related to the issue under review.

4. Process

- Incident or Event
- Preliminary Report
- Case Documentation
- Background Review
- Interviews
- Analysis
- Documentation
- Action Plan

Beginning with the preliminary report, each component of the incident review process demands a certain level of activity on the part of the individual charged with conducting the investigation. General expectations regarding each component are described below.

Preliminary report: A written thumbnail sketch of early information alleged or known. This report is written in a timely fashion, relative to the event to maintain accuracy. At the time of the preliminary report, appropriate notifications should occur. At this stage, a determination should be made if the issue at hand should be protected under an attorney-client privilege process.

Case Documentation: Obtain documents relative to the event. Examples of relevant documents include, but are not limited to: prehospital care reports, incident reports, Base Hospital records, radio logs or tapes, local protocols, agency policies, and other agency records. Written documentation must always be obtained from the involved parties **as early as possible** in the investigation.

Background Review: As appropriate, the performance background of the involved party should be considered. This may be important if prior related incidents, or past events exist which may constitute a trend. The background review assures that the investigation results follow a proper pattern of progression.

Interview: Before commencing any interview, the involved party must be offered representation. Investigational interviews must be fairly and objectively conducted. The individual conducting the interview should present a brief statement as to the purpose of the interview. The goal of the interview is always to establish the truth, not to lead the involved to a biased conclusion. If additional interviews are required, it is important to notify the employee at the conclusion of the initial interview. All information (verbal, written, electronic) obtained during this investigation process is considered confidential, and therefore is restricted from public access due to its sensitive nature.

Analysis: At the conclusion of the interview, all information is analyzed. This is done by assembling a chronology of events, applying corroborated facts, objective data, and lastly by applying experience, as well as subjective judgment.

Documentation: Documentation may take many forms. All relevant documentation must be coherent and well organized.

Action Plan: At the conclusion of the investigation, a final plan of action must occur which brings the event or incident to a formal resolution. Typically, most investigations will conclude with the following:

- Documentation that no further action is required
- Counseling and/or education
- Performance Improvement Plans / other CQI action
- Progressive disciplinary action is addressed by the appropriate staff

E. Continuing Education Assignment/ Performance Improvement Plan (PIP)

The PIP, standards, and procedures, are defined in this section.

The CQI Departments are committed to assuring quality patient care in addition to highly competent prehospital staff. This is to insure employees are trained to appropriate standards, and that patients receive the best care possible. PIPs are designed to improve and maintain prehospital provider skill and knowledge at peak performance levels. This enables the CQI Departments to provide prehospital medical care of the highest quality. These measures also ensure that San Benito County meets its obligation to be each patient's advocate, protect the public's health and safety, and mitigate the exposure to liability.

1. DEFINITIONS

- **Objectives** – Clearly defined behaviors that an individual (First Responder, EMT and Paramedic) must exhibit at the conclusion of instruction; the anticipated result/or goal of a training program.

- **PIP –** A formal, written training plan with measurable and quantifiable objectives, which enhance the cognitive, psychomotor, affective skills and knowledge for whom it is written. The CQI Department, in consultation with the employee, designs the PIP.

2. PROCESS

PIP Intent

PIPs are not a form of discipline. Rather, they are simply a means of CQI that promote improvement of cognitive, psychomotor, and affective skills, as well as knowledge, in support of providing safe, effective quality care to patients.

PIP Objectives

Upon completion of the PIP, the employee will hopefully have been provided the resources necessary to:

- Correctly address any identified deficiencies in cognitive knowledge as described in the employee's PIP.
- Correctly demonstrate and perform any identified deficiencies in psychomotor skills as described in the employee's PIP.
- Correctly address any identified deficiencies in affective knowledge as described in the employee's PIP.

The CQI Department will lead the PIP process, coordinating investigations for all clinical issues including, but not limited to, clinical patient care, service complaint, and regulation compliance. The CQI Department may collaborate with other departments providing their clinical expertise or guidance as needed.

Procedure

1. The CQI Coordinator is, by default, the lead investigator. In issues where there may be a perceived or real conflict of interest, the investigative authority is elevated to the next higher person in the CQI chain of command.
2. The investigator conducts a clinical investigation.
3. At conclusion of the investigation, the CQI Coordinator determines the appropriate action to conclude the incident.
4. If no action is required, the investigator closes out the incident, and a report is forwarded to all involved agencies and employees.
5. If a PIP is indicated, the investigator proceeds with drafting the PIP based on the facts of the case. Upon completion of the draft, the employee and the CQI Coordinator will meet to discuss and finalize the PIP. Employee input is essential in order to customize the learning plan for the individual. The CQI Coordinator retains final authority as to the contents of the PIP. Once the PIP is finalized with employee input, the participating parties sign the document and a report summarizing the PIP is sent to the employee's management and the EMS Agency.

PIP Format

To ensure consistency, all PIPs will follow the format designed by the CQI Department *(Appendix 4)*. CQI Coordinators will not deviate from the standardized format unless approved by the San Benito County EMS Medical Director.

F. Performance Recognition

The CQI Departments make every effort to recognize competent clinical practice, as well as performance that exceeds expectations. On a regular basis, Paramedics are given positive feedback on documentation, scene and patient management of difficult cases, and successful patient outcomes due to extraordinary decision-making.

Commendations are written on the CQI Commendation Form *(Appendix 3)* and sent to the appropriate Paramedic and his or her immediate supervisor.