

Public Health Administration  
Large Conference Room  
2240 E. Gonzales, 2<sup>nd</sup> Floor  
Oxnard, CA 93036

Pre-hospital Services Committee  
Agenda

June 11, 2015  
9:30 a.m.

**I. Introductions**

**II. Approve Agenda**

**III. Minutes**

**IV. Medical Issues**

A. Other

**V. New Business**

A. "Field Service Nurse" New Policy Request

Mark Komins

B. 2014 CARES

Katy Hadduck

C. Other

**VI. Old Business**

A. Other

**VII. Informational/Discussion Topics**

A. PRESTO Presentation by Dr. Chugh

Dr. Chugh/Dr. Salvucci

B. PRESTO Observational Study Update

Dr. Salvucci

C. air-Q Study Trial Evaluation

Dr. Salvucci

D. CAM/ART Certification Issues

Mark Komins

E. Other

**VIII. Policies for Review**

A. 120 – Prehospital Emergency Medical Care QA Program

B. 333 – Denial of Prehospital Care Certification or Accreditation

C. 600 – Control At The Scene Of An Emergency

D. 618 – Unaccompanied Minors

E. 708 – Patient Transfer From One Prehospital Team to Another

**IX. Agency Reports**

A. Fire Departments

B. Ambulance Providers

C. Base Hospitals

D. Receiving Hospitals

E. Law Enforcement

F. ALS Education Program

G. TAG

H. EMS Agency

I. Other

**X. Closing**



# TEMPORARY PARKING PASS

Expires June 11, 2015

Health Care Services  
2240 E. Gonzales Rd  
Oxnard, CA 93036

For use in "Green Permit Parking" Areas only, **EXCLUDES** Patient parking areas

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Parking Instructions: Parking at workshop venue is limited. Arrive early to allow for offsite parking if venue parking lot is full.

**2240 Gonzales Rd. location**

If you park in a designated "green permit parking" slot, fold this flyer in half and place pass face-up on the dash of your car, to avoid receiving a ticket.

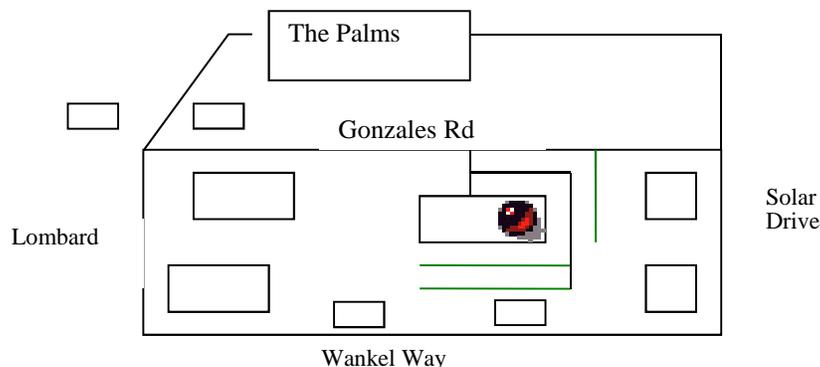
**2100 Solar Drive**

An additional amount of "Green Permit Parking" spaces (only 30) are available in adjacent parking lot, those that back-up against venue parking area, (Enter this parking lot off of Gonzales[3rd driveway] or Solar Drive). **Place this flyer on your dash.** If all of those stalls are occupied, overflow parking is available at The Palms shopping area or side streets.

**The Palms - shopping mall**

Enter The Palms at Lombard and Gonzales. Allow for a ten minute walk to venue location.

**Additional parking is available on side streets, Lombard, Solar and Wankel Way.**



Health Administration  
 Large Conference Room  
 2240 E. Gonzales, 2<sup>nd</sup> Floor  
 Oxnard, CA 93036

Pre-hospital Services Committee  
 Minutes

May 14, 2015  
 9:30 a.m.

Topic	Discussion	Action	Assigned
<b>II. Approve Agenda</b>		Approved	Approved by Betsy Patterson Seconded by Debbie Licht
<b>III. Minutes</b>		Approved	Approved by Kathy McShea Seconded by Tom Gallegos
<b>IV. Medical Issues</b>			
A. 705.02 – Allergic/Adverse Reaction and Anaphylaxis	As a follow up to the discussion at last PSC regarding over medicating patients, particularly seniors, Dr. Salvucci asked the committee about the dosage for Benadryl. After a brief discussion, the physicians felt that 50 mg was a good dose and should not increase.	Remove: "May repeat x1 in 10 minutes".	
B. 705.04 – Behavioral Emergencies	Same issue as above. Dr. Chase said he would not like the dose to increase. In many cases, the medics give an IM dose to unruly patients and then request an IV dose en route because the patient is still combative. The concern is that the patient will be over sedated with both doses.	Dr. Salvucci and Katy will work on a training bulletin to send out that addresses this issue.	
<b>V. New Business</b>			
A. Nomination/Vote for PSC Chair	The nominations committee presented three PSC members for consideration, Dr. Patterson, Dr. Tilles and Dr. Larsen. A written vote was taken and the committee members voted for Dr. Larsen as the next chair. We look forward to working together.	Thank you to the Nominating Committee Volunteers: Stephanie Huhn, Jennie Hoffman and Debbie Licht. A special thank you to the nominees, Dr. Patterson and Dr. Tilles.  We truly appreciate Jeff Winter for his years of service as the PSC Chair. Many Thanks!	

B. 705.19 – Pain Control	Remove blue bar at bottom of policy. Move up the “Special Considerations of patients older than 65 “up to “ALS Prior to Base Hospital Contact” Making the max dose 5 mg IV or IM.		
C. 460 – Urgent Interfacility Transfers of Acute Stroke Patients	Karen Beatty presented this new policy to the committee. The members felt that the Stroke Committee should make any/all changes to this policy.	Stroke Committee will address the policy issues and bring back to PSC.	
<b>VI Old Business</b>			
A. Anticoagulant and Antiplatelet Medications List	The new list of medications was presented to the committee.	The list will be sent out with the Spring Update and added to Image Trend.	
B. 705.24 – Symptomatic Bradycardia	Dr. Chase and Dr. Larsen feel that the MS dose is too high for a Symptomatic Bradycardia patient.	Under “Special Considerations”, add “consider ½ dose of MS”.	
<b>VII. Informational/Discussion Topics</b>			
A. Update on 440 – Code STEMI Interfacility Transfer	Karen told the members that the STEMI Committee is continuing to work on this policy.	Bring back to PSC for final approval when STEMI Committee is done with it.	
B. CAM/ART Certification Issues	The CAM Committee is continuing to work on this issue. They are developing a Skills Sheet and want to develop a video to show a good CAM scenario and have survivors speaking about their experience.		
C. air-Q Study Trial Update	There have been 185 uses. Next PSC, Dr. Salvucci will have a formal evaluation of the program from the beginning.		
D. PRESTO Trial Update	Dr. Salvucci stated that he and Katy are meeting with Cedar’s regularly to get updates and work out any issues. As a reminder, we do not need blood on Traumatic Full Arrests or Overdoses.	Dr. Chugh will come to next PSC and give a presentation about the program. He will be available to answer any and all questions, so please bring any field personnel that would like additional information.	
<b>VIII. Policies for Review</b>			
A. 351	Approved		Approved by Kathy McShea

			Seconded by Todd Larsen
B. 614	Approved		Approved by Betsy Patterson Seconded by Debbie Licht
C. 619	Approved	The committee would like a local expert on this issue to attend a future meeting to address any updates/questions.	Approved by Todd Larsen Seconded by Betsy Patterson
D. 705.16	Approved		Approved by Debbie Licht Seconded by Ira Tilles
E. 1401	This policy will be addressed in TORC.	Move to TORC.	Approved by Todd Larson Seconded by Kathy McShea
<b>XI TAG Report</b>			
<b>X. Agency Reports</b>			
A. Fire departments	<p><b>VCFPD</b> – June 5<sup>th</sup> is the Academy Graduation. There will be new paramedics coming into their FF/PM program. Robin shared that she recently was told that field personnel exposed to Pertussis should take antibiotics if you they vaccinated over 3 years ago.</p> <p><b>VCFD</b> – The EMS Coordinator position closes soon. Apply!</p> <p><b>OFD</b> – Police Chief Williams is the acting chief for the Fire Dept. They will be getting 6 firefighters from the academy and there are 12 promotions.</p> <p><b>Fed. Fire</b> – none</p> <p><b>SPFD</b> – none</p> <p><b>FFD</b>- Look for information about the Golf Tournament.</p>		
B. Transport Providers	<p><b>LMT</b> – Conducting CPR training at Nordhoff High School.</p> <p><b>AMR/GCA</b> – CPR training days for the public are coming up. They are hoping to have more people this year.</p>		
C. Base Hospitals	<p><b>SVH</b> – Dr. Tilles said that ½ of the new E.R. is open.</p> <p><b>LRRMC</b> – none</p> <p><b>SJRM</b> – none</p> <p><b>VCMC</b> – none</p>		
D. Receiving Hospitals	<p><b>SPH</b> – Will be hiring a new ED Manager soon.</p> <p><b>CMH</b> – Breaking ground on new parking structure soon.</p> <p><b>PVH</b> – none</p> <p><b>OVCH</b> – none</p>		
D. Law Enforcement	<p><b>VCSO</b> – Jeff Golden is back at the Air Unit. Welcome back Jeff!!</p> <p><b>CSUCI PD</b> – none</p>		
F. ALS Education Programs	<p><b>Ventura College</b> – 24 students have signed up for next class plus they have a waiting list.</p>		

<p>G. EMS Agency</p>	<p><b>Dr. Salvucci</b> – none  <b>Steve</b> – June 4<sup>th</sup> is “Hands Only Sidewalk CPR” day. There will be multiple sites all over the county.  Also, when crews pronounce on scene, make sure family is not allowed to disturb the body in any way.  <b>Chris</b> – none  <b>Julie</b> – none  <b>Randy</b> – none  <b>Karen</b> – The AHA awarded VCEMS with their “Mission Lifeline Gold Achievement Award” for meeting the STEMI achievement measures aggregated annually for two years with no single measure below 75%.</p>	
<p>H. Other</p>		
<p><b>XI. Closing</b></p>	<p><b>Meeting adjourned at 1200</b></p>	







## Prehospital Services Committee Agenda Item Request

*Upon completion of this form, submit to the EMS Agency for review.*

Submitted by: Mark Komins, M.S. Paramedic Date: 05/28/2015

Representing: VCFD

### A. Description

Title of Agenda Item: New Policy: Field Service Nurse (FSN)

#### Description of Item

To provide guidelines for the role of the Field Service Nurse (FSN) in Ventura County. This has been worked on in concept by the California Fire Chiefs Association - CALNEP EMS Group for a few years and in discussions with Dr. Backer from State EMSA. Per Dr. Backer, this must go through the LEMSA and not the State. The idea of this is to provide authorization and guidance to nurses who would fill a support role in Firefighter Rehab and medical units at wildfire base camps.

### B. Analysis

How will this enhance the Ventura County EMS System?

Provide an additional service to firefighting personnel in Ventura County.

#### Advantages

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#### Disadvantages

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Financial Impact  
None

Who has this item been presented to or reviewed by?  
\_\_Dr. David Chase and CALNEP EMS Group (Cal Chiefs)\_\_\_\_\_

Attach any proposals or supportive documentation to this form.

**C. EMS Agency Review**

Received by VC EMS Agency: \_\_\_\_\_

Reviewed by EMS Administrator: \_\_\_\_\_

**Assigned to:**

_____	Purpose:	_____

**EMS Staff Review Summary**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. Disposition**

- Add as PSC Agenda item on: \_\_\_\_\_
- Inadequate or incomplete information - return submission
- Not to be addressed at this time, resubmit in \_\_\_\_\_.
- Adopt item
- Refer to: (for review and comment)
  - CQI Subcommittee
  - EMD Subcommittee
  - Prehospital Educators
  - MCI Subcommittee
  - Other: \_\_\_\_\_

EMS Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DRAFT**

Policy Title: Field Service Nurse (FSN)	Policy Number
APPROVED: Administration: Steven L. Carroll, EMT-P	Date:
APPROVED: Medical Director: Angelo Salvucci, M.D	Date:
Origination Date: Date Revised: Date Last Reviewed: Review Date:	

- I. PURPOSE: To provide guidelines for the role of the Field Service Nurse (FSN) in Ventura County.
- II. POLICY: An FSN will perform his/her role according to the following.
- III. DEFINITION: A FSN is a Registered Nurse employed by an approved BLS/ALS Service Provider in Ventura County. The purpose is to outline and authorize the scope of practice of the FSN while performing medical assistance at the scene of an emergency such as Brush Fire medical base camp or other scene where medical incident rehabilitation takes place. The intent of this policy is only to authorize but not minimize or eliminate the response of an ALS transport unit.
- IV. PROFESSIONAL QUALIFICATIONS:
  - A. Licensed as a Registered Nurse in the State of California.
  - B. Medical Unit Leader (MedL) Qualified (Optional)
- V. SPECIFIC RESPONSIBILITIES:
  - A. Provide Incident rehabilitation to Firefighters and other emergency personnel at the scene of an incident, training session, or based on other requests.
  - B. Provide initial / emergency care to personnel in base camp or incident rehabilitation areas.
  - C. Provide initial care as per Ventura County EMS Treatment Protocol Policies (705–705.27) that fall under the California Board of Registered Nursing scope of practice.
  - D. Provide additional care under the direction of Service Provide Medical Director.
  - E. Ensure an appropriate ALS Transport resource is responding to or available at incident.
  - F. Complete ePCR or other appropriate documentation as needed.

VI. TRAINING:

- A. FireLine Safety (RT-130) annually
- B. Heat / Exertional Emergency familiarization
- C. Incident Rehabilitation familiarization
- D. ICS 100 or equivalent
- E. ICS 200 or equivalent
- F. ICS 300 or equivalent
- G. ICS 400 or equivalent
- H. IS 700 or equivalent
- I. IS 800 or equivalent

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Prehospital Emergency Medical Care Quality Improvement Program		Policy Number 120	
APPROVED: Administration:  Steven L. Carroll, EMT-P		Date: June 1, 2009	
APPROVED: Medical Director:  Angelo Salvucci, M.D.		Date: June 1, 2009	
Origination Date: January 1996		Effective Date: June 1, 2009	
Date Revised: December 11, 2008			
Date Last Reviewed: December 11, 2008			
Review Date: December 31, 2012			

- I. PURPOSE: To define the process to identify areas for improvement in the VC EMS system.
- II. AUTHORITY: Reference: H&S Code Section 1798 Medical Control
- III. POLICY: The Ventura County EMS Agency shall assess and evaluate all aspects of the EMS System in Ventura County.
- IV. Each pre-hospital provider (hospital provider, ambulance provider and first responder agency) will use the Ventura County Continuous Quality Improvement Program (CQI) as a model for their CQI plan with respect to the EMS portion of their activities.

## Ventura County Emergency Medical Services Agency

### Continuous Quality Improvement Program



#### Mission Statement

The mission of Ventura County's Emergency Medical Service Agency CQI program is to optimize the health of those requiring emergency medical care in the County of Ventura by promoting timely, highly skilled and effective medical care to those who request our services. We also intend to promote healthy lifestyles, and prevent and control disease, injury and disability through community education programs. Successful performance of this mission demands the development and modeling of strategies that ensure the delivery of cost effective, high quality response and delivery of assessment, treatment and transportation to the residents of, and visitors to, Ventura County who are in need of Emergency Medical Services.

#### Vision

To foster an ethical<sup>1</sup> work environment, in which all employees see themselves as valued members of a team, working continuously to improve the health of the residents of, and visitors to, Ventura County, who require Emergency Medical Services.

#### Scope of Services

The Emergency Medical Services Agency provides oversight for all emergency medical care and transportation in the County of Ventura. It assures adherence requirements for personnel education and certification and oversees Advanced Life Support Service providers' compliance with the county contract. Services are provided by a professional and support staff which includes the EMS Medical Director, EMS Administrator, EMS Deputy Administrator, EMS CQI Coordinator, Administrative Assistant, and Student Aide. Programs are coordinated with other providers in the County.

#### Purpose

The purpose of the EMS Continuous Quality Improvement Program (CQIP) is to improve the quality and effectiveness of emergency medical services through standardization, coordination, and evaluation. The EMS CQI Program coordinates its continuous quality improvement effort with, and reports to, the Ventura County Public Health Department Continuous Quality Improvement Program.

#### Goals

- **Coordinate and facilitate implementation** of a comprehensive, customer-oriented continuous quality improvement program
- **Maximize utilization** of both human and material resources within the EMS Program

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<sup>1</sup> See Appendix I, *Ventura County Public Health Code of Ethics*  
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- **Assure the greatest benefit** from services rendered for people who live with or are affected by the Emergency Medical Services Agency in Ventura County
- **Gauge the ongoing effectiveness** of EMS CQIP efforts resulting in increased services.

## **VC EMS Agency**

The VC EMS Agency operates according to California Health and Safety Code Division 2.5, Section 1798 and 1798.204.

The VC EMS CQI Program operates under the direction of the VC EMS Medical Director and the VC EMS Administrator. The VC EMS CQI Coordinator acts as facilitator to this meeting.

### **I. Technical Advisory Group (TAG)**

#### **A. Structure**

The Technical Advisory Group (TAG) will be multidisciplinary and will include, but not be limited to:

- VC EMS Agency Medical Director
- VC EMS Agency Representative
- ALS Service Provider Medical Director
- Receiving Hospital Medical Director
- EMS Educator(s)
- Base Hospital CQI Representative
- ALS CQI Representative
- EMD CQI Representative
- BLS CQI Representative

#### **B. Interactions**

The Technical Advisory Group will seek and maintain relationships with all EMS participants including but not limited to:

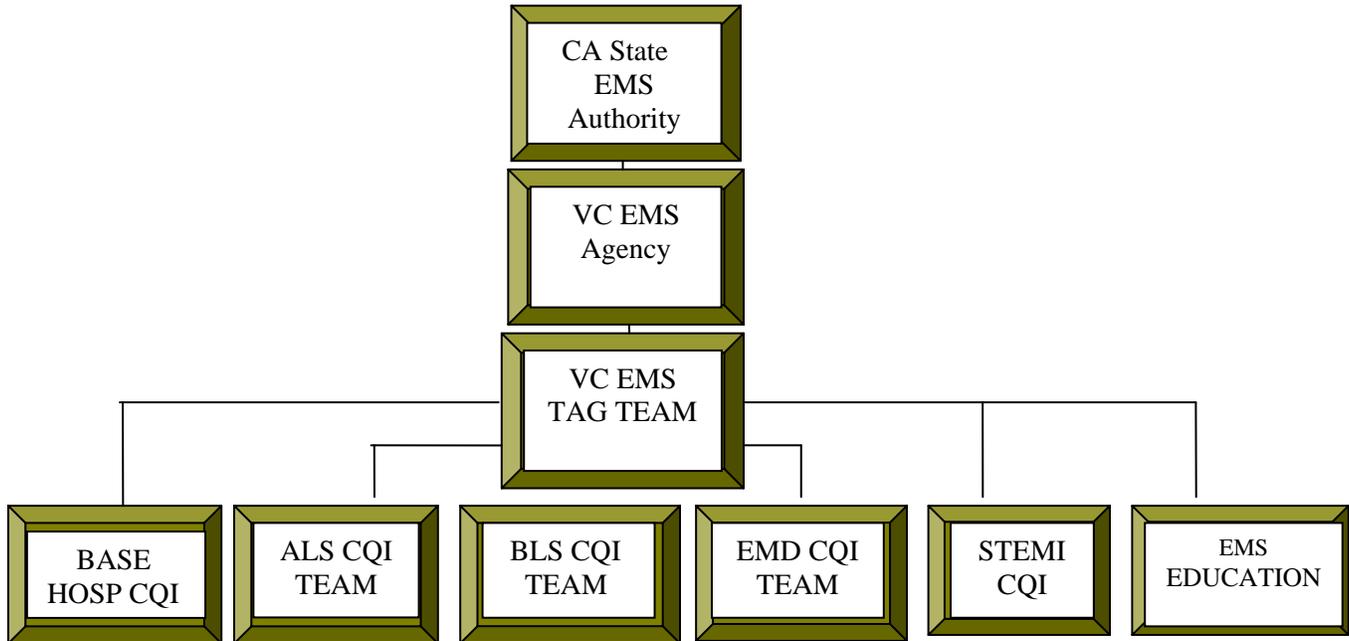
- State EMSA
- Other LEMSAs
- EMS Service Provider(s)
- Local Department of Health
- Specialty Care Center(s)
- Law Enforcement
- PSAP(s)
- EMS Dispatch Center(s)
- Constituent Groups

#### **C. Roles and Responsibilities**

The VC EMS TAG should be the central repository of local or regional EMS system information as it relates to EMS CQI Program activities. The team should perform the following functions:

- Cooperate with the EMSA in carrying out the responsibilities of statewide EMS QI Program and participate in the EMSA Technical Advisory Group
- Cooperate with the EMSA in the development, approval, and implementation of state required EMS system indicators
- Cooperate with the EMSA in the development, approval, and implementation of state optional EMS system indicators
- Maintain responsibility for monitoring, collecting data on, reporting on, and evaluating state required and optional EMS System indicators from the EMS providers and hospitals within the jurisdiction of the VC EMS.
- Identify and develop VC EMS specific indicators for system evaluation.
- Maintain responsibility for monitoring, collecting data on, and evaluating locally identified indicators
- Re-evaluate, expand upon, and improve state EMS system indicators and locally developed indicators annually or as needed
- Facilitate meetings and presentations on VC EMS indicators and the development of performance improvement plans for review by designated EMS providers
- Establish a mechanism to incorporate input from EMS provider advisory groups for the development of performance improvement plans
- Assure reasonable availability of EMS QI Program training and in-service education for EMS personnel under the statewide EMS CQI Program
- Prepare plans for improving VC EMS CQI Program

## VC EMS Agency Continuous Quality Improvement Organizational Chart



## II Base Hospital

### A. Structure

The Base Hospital EMS QI Program should be a program reviewed by the VC EMSA for compatibility with the VC EMS CQI Program guidelines. The organizational chart should reflect the integration of the VC EMS CQI Program in the organization. There should be:

1. An EMS QI Team under the direction of the Base Hospital medical director. Lead staff should have expertise in management of the base hospital's EMS CQI Program. The following staffing positions are identified (note: organizations with limited resources may combine positions):
  - Base Hospital Medical Director (or designee)
  - EMS CQI Program Coordinator (Prehospital Care Coordinator)
2. An internal EMS QI Program Technical Advisory Group with members, which include but are not limited to:
  - Base Hospital Medical Director

- VC EMS CQI Coordinator
- EMS Service Provider Personnel (Physicians, RNs, Paramedics, EMTs)

B. Interaction

The Base Hospital's CQI Program should involve all EMS system participants including but not limited to the VC EMSA, dispatch agencies, ALS and BLS EMS service providers, receiving hospitals, and specialty care centers

Cooperation and interaction with all EMS system participants should include but not be limited to:

- State EMSA
- VC EMS
- Other Base Hospital(s)
- Receiving Facilities
- Local Department of Health
- Law Enforcement
- PSAP(s)
- Community Group(s)
- Non-EMS Public Representative(s)
- EMS Provider(s)

C. Roles and Responsibilities

The Base Hospital EMS QI Team should be a primary source of EMS activity reporting for statewide and local EMS system indicators. The Base Hospital EMS QI Program will perform the following functions:

- Cooperate with VC EMS in carrying out the responsibilities of the VC EMS CQI Program and participate in the VC MSA Technical Advisory Group
- Cooperate with VC EMS in the implementation of state required EMS system indicators
- Cooperate with VC EMS in the implementation of state optional EMS system indicators
- Cooperate with VC EMS in monitoring, collecting data on, and evaluating state required and optional EMS system indicators
- Cooperate with VC EMS in monitoring, collecting data on, and evaluating local/regional EMS system indicators
- Cooperate with EMSA and VC EMS in the re-evaluation and improvement of state and local EMS system indicators
- Identify and develop base hospital indicators for system evaluation
- Participate in meetings for internal review of base hospital indicators and development of performance improvement plans related to the findings
- Establish a mechanism to incorporate input from VC EMS, service providers, and other hospitals for the development of performance improvement plans
- Assure reasonable availability of EMS CQI Program training and in-service education for base hospital personnel
- Prepare plans for expanding or improving the Base Hospital EMS CQI Program
- Facilitate meetings and presentations of state and local EMS system indicators for peer review to local designated advisory groups and other authorized constituents
- Provide technical assistance to all EMS CQI Programs in the base hospital's jurisdiction
- Participate in annual CQI review conducted by VC EMS

D. Annual Updates

The Base Hospital EMS QI Team will annually publish summary reports of EMS QI Program activity for distribution.

**III Emergency Medical Service Provider**

A. Structure

The EMS Provider EMS QI Program should be reviewed by VC EMS for compatibility with the VC EMS CQI Program guidelines. The organizational chart should reflect the integration of the EMS CQI Program in the organization. There should be:

1. An EMS QI Team under the direction of the EMS Provider medical director or EMS administrator. Lead staff should have expertise in management of the EMS provider's EMS QI Program. The following staffing positions are identified (organizations with limited resources may combine positions):
  - Provider Medical Director or Designee
  - EMS CQI Program Coordinator
2. An internal EMS CQI Program Technical Advisory Group with members which include but are not limited to:
  - Medical Director or Medical Designee
  - VC EMSA CQI Coordinator
  - EMS QI Program Coordinator
  - Service Personnel (Physicians, RNs, Paramedics, EMTs)
  - Other system participants

B. Interaction:

The EMS Provider's EMS QI Program should involve EMS system participants including but not limited to dispatch agencies, the VC EMSA, EMS personnel training programs, hospitals, specialty care centers, and other EMS service providers. A regional approach, with collaboration between EMS service providers serving neighboring communities, is highly recommended

Cooperation with all EMS participants should include but not limited to:

- State EMSA
- VC EMS
- Other EMS Provider(s)
- Base and Receiving Facilities
- Local Department of Health
- Law Enforcement
- PSAP(s)
- Community Group(s)
- Non-EMS Public representative(s)
- EMS Dispatch Center(s)

C. Roles and Responsibilities

The EMS Provider's EMS CQI Program Technical Advisory Group should be the primary source of EMS QI Program activity reporting for statewide and local EMS System information. The EMS Provider's EMS CQI Program Technical Advisory Group will perform the following functions:

- Cooperate with VC EMS in carrying out the responsibilities of the VC EMS's CQI Program and participate in the VC EMSA Technical Advisory Group
- Cooperate with VC EMS in the implementation of state required EMS system indicators
- Cooperate with VC EMS in the implementation of state optional EMS system indicators
- Cooperate with VC EMSA in monitoring, collecting data on, and evaluating state required and optional EMS system indicators
- Cooperate with VC EMSA in monitoring, collecting data on, and evaluating local/regional EMS system indicators
- Cooperate in the re-evaluation and improvement of state and local EMS system indicators
- Develop, monitor, collect data on, and evaluate indicators specific to the EMS provider
- Conduct meetings for internal review of EMS provider information and development of performance improvement plans related to the findings
- Establish a mechanism to receive input from VC EMS, other service providers and other EMS system participants for the development of performance improvement plans
- Assure reasonable availability of EMS CQI Program training and in-service education for EMS provider personnel
- Prepare plans for expanding or improving the EMS Provider EMS CQI Program
- Participate in meetings and presentations of state EMSA and VC EMS system information for peer review to local designated advisory groups and other authorized constituents
- Participate in annual CQI review conducted by VC EMS
- Develop and conduct a system of Peer Review

D. Annual Updates

The EMS Provider EMS QI Team will annually publish summary reports of EMS QI Program activity for distribution.

**IV Emergency Medical Dispatch**

A. Structure

The EMD CQI Program should be reviewed by VC EMSA for compatibility with the VC EMS CQI Program guidelines

The organizational chart should reflect the integration of VC EMS CQI Program in the organization. There should be:

1. An EMD CQI Team under the direction of the EMD medical director. Lead staff should have expertise in management of the EMD CQI program. The following staffing positions are identified (organizations with limited resources may combine positions):
  - Medical Director or Designee
  - VC EMS CQI Coordinator
  - EMD CQI Program Director
  - Other county EMD representatives

**B. Interactions**

The EMD CQI Program should involve EMS system participants including but not limited to other local dispatch agencies, the VC EMSA, EMS personnel training programs, hospitals, specialty care centers, and other EMS service providers. A regional approach, with collaboration between EMD Program serving neighboring communities, is highly recommended

An internal EMD CQI Program Technical Advisory Group with members which include but are not limited to:

- Medical Director
- Chief/Administrator or designee
- EMD CQI Program Coordinator
- Service Personnel
- Other system participants

**C. Roles and Responsibilities**

The EMD CQI Program Technical Advisory Group should be the primary source of EMD CQI Program activity reporting for statewide and local EMS System information. The EMD CQI Program Technical Advisory Group will perform the following:

- Cooperate with VC EMS in carrying out the responsibilities of VC EMS's CQI Program and participate in VC EMS Technical Advisory Group
- Cooperate with VC EMS in the implementation of state required EMS system indicators
- Cooperate with VC EMS in the implementation of state optional EMS system indicators
- Cooperate with EMSA and VC EMS in monitoring, collecting data on, and evaluating state required and optional EMS system indicators
- Cooperate with VC EMS in monitoring, collecting data on, and evaluating local/regional EMS system indicators
- Cooperate in the re-evaluation and improvement of state and local EMS system indicators
- Develop, monitor, collect data on, and evaluate indicators specific to the EMD Program
- Conduct meetings for internal review of EMD information and development of performance improvement plans related to the findings
- Establish a mechanism to receive input from VC EMS, other service providers and other EMS system participants for the development of performance improvement plans
- Assure reasonable availability of EMD Program training and in-service education for EMS provider personnel
- Prepare plans for expanding or improving the EMD CQI Program
- Participate in meetings and presentations of state EMSA and VC EMS system information for peer review to local designated advisory groups and other authorized constituents
- Participate in annual CQI review conducted by VC EMS
- Provide monthly CQI reports as determined by VC EMS

**D. Annual Updates**

The EMD EMS CQI Team will annually publish summary reports of EMS CQI Program activity for distribution

**V. Basic Life Support Service Provider**

**A. Structure**

The EMS/BLS Provider CQI Program should be reviewed by VC EMS for compatibility with the VC EMS CQI Program guidelines. The organizational chart should reflect the integration of the EMS CQI Program in the organization. There should be:

1. An EMS/BLS CQI Team under the direction of the BLS Provider medical director or EMS Administrator. Lead staff should have expertise in management of the EMS/BLS provider's CQI Program. The following staffing positions are identified (organizations with limited resources may combine positions):
  - Provider Medical Director or Designee
  - EMS CQI Program Coordinator, or EMS Coordinator
  
2. An internal EMS/BLS CQI Program Technical Advisory Group with members which include but are not limited to:
  - Medical Director or Medical Designee
  - VC EMSA CQI Coordinator
  - EMS CQI Program Coordinator, or EMS Coordinator
  - EMTs
  - Other system participants

B. Interaction:

The EMS/BLS Provider's CQI Program should involve EMS system participants including but not limited to dispatch agencies, the VC EMSA, EMS personnel training programs, hospitals, specialty care centers, and other EMS service providers. A regional approach, with collaboration between EMS service providers serving neighboring communities, is highly recommended

Cooperation with all EMS participants should include but not limited to:

- State EMSA
- VC EMS
- Other EMS/ BLS Provider(s)
- Base and Receiving Facilities
- Local Department of Health
- Law Enforcement
- Community Group(s)
- Non-EMS Public representative(s)
- EMS Dispatch Center(s)

C. Roles and Responsibilities

The EMS/BLS Provider's CQI Program Technical Advisory Group should be the primary source of EMS/BLS CQI Program activity reporting for statewide and local EMS System information. The Provider's CQI Program Technical Advisory Group will perform the following functions:

- Cooperate with VC EMS in carrying out the responsibilities of the VC EMS's CQI Program and participate in the VC EMSA Technical Advisory Group
- Cooperate with VC EMS in the implementation of state required EMS system indicators
- Cooperate with VC EMS in the implementation of state optional EMS system indicators
- Cooperate with VC EMSA in monitoring, collecting data on, and evaluating state required and optional EMS system indicators
- Cooperate with VC EMSA in monitoring, collecting data on, and evaluating local/regional EMS system indicators
- Cooperate in the re-evaluation and improvement of state and local EMS system indicators
- Develop, monitor, collect data on, and evaluate indicators specific to the EMS/BLS provider
- Conduct meetings for internal review of EMS/BLS provider information and development of performance improvement plans related to the findings
- Establish a mechanism to receive input from VC EMS, other service providers and other EMS system participants for the development of performance improvement plans
- Assure reasonable availability of EMS/BLS CQI Program training and in-service education for EMS provider personnel
- Prepare plans for expanding or improving the provider EMS/BLS CQI Program
- Participate in meetings and presentations of state EMSA and VC EMS system information for peer review to local designated advisory groups and other authorized constituents

D. Annual Updates

The EMS/BLS Provider CQI Team will annually publish summary reports of program activity for distribution.

## Goals

The following Dimensions of Performance<sup>2</sup> and additional Aspects of Care<sup>3</sup> form the framework upon which the CQIP process is based. They are:

### DOING THE RIGHT THING

- The **Efficacy** of service in relation to the client's needs.
- The **Appropriateness** of a specific service to meet the client's needs.

### DOING THE RIGHT THING WELL

- The **Availability** of needed service to the client who needs it
- The **Timeliness** with which service is provided to the client
- The **Effectiveness** with which services are provided
- The **Continuity** of the services provided to the client with respect to other services, practitioners, and providers, over time
- The **Respect and Caring** with which services are provided

### ADDITIONAL ASPECTS OF SERVICE

- Provider Staff Performance
- Support Staff Performance
- Client Record System
- Client Compliance
- Client Satisfaction

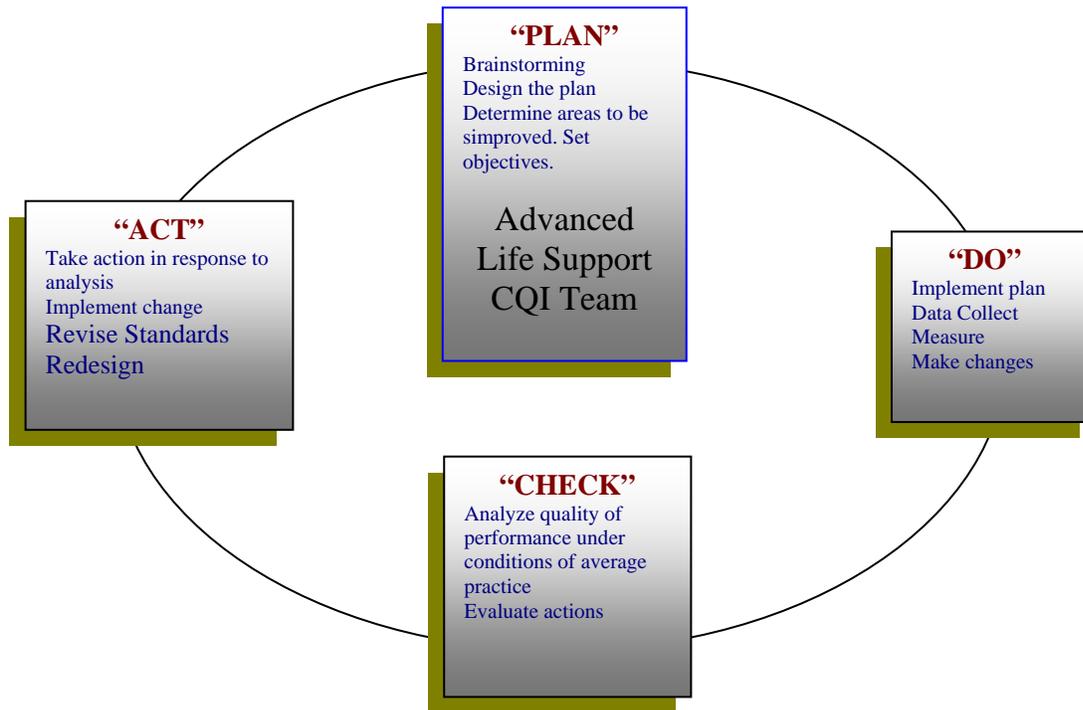
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<sup>2</sup> Joint Commission On Accreditation of Health Care Organizations

<sup>3</sup> Benson, Dale S., M.S. and Miller, Jane, R.N., *Quality Assessment and Improvement for Primary Care Centers*, Methodist Hospital of Indiana, 1991: Chapter 3, p. 17-24.

## CQIP Methodology

We have chosen to use the “PDCA” methodology<sup>4</sup> (Plan, Do, Check, Act). See Appendix VI.



## Program-Level Continuous Quality Improvement Implementation Cycle

### Plan

Each program will construct (or update) a strategic quality improvement action plan that links to the department's mission, vision, goals, and translates them into the program's specific domains. Programs will develop and implement ways to analyze input from internal and external customers, as well as identify external comparative data sources, and identify and prioritize program assets and needs.

The Nursing Process Model calls for programs to assess diagnosis problems and develop a plan to address them.

### Do

Programs select models and methods for measuring objectives. Objectives should be "S-M-A-R-T" (\*Specific, Measurable, Achievable, Relevant, Timely). Programs also develop and/or identify internal data sources (formal and/or informal) used in the next phase to establish benchmarks and assess improvement priorities. This includes developing strategies for improvement, identifying sources of relevant information, and identifying external data sources that can provide benchmarks for improvement.

### Check

Programs will conduct evaluations to obtain judgments of quality (performance, outcome) about their service delivery or practice. They will also coordinate ongoing data analysis and evaluation and quality improvement efforts with the CQIP Committee. The purpose of this coordination is to improve the overall performance of Public Health.

Information from internal and external sources is collected and used to develop and assess quality improvement priorities. This step also utilizes external data and information sources to compare processes and outcomes with external benchmarks. The American Nurses Association (and other groups) provides general and specific standards for evaluation of processes and outcomes.

### Act

Programs will identify next areas of improvement and revise specifications and standards to meet those new needs. They will conduct ongoing internal data analysis and evaluation, and identify areas needing quality improvement efforts. Programs will participate in the consolidation of their individual program CQIP plans to assure coordination and best use of department resources.

Priorities that programs have developed are translated into actual *improvements* and/or innovative actions. These actions then lead to the *redesign* of objectives, which completes the cycle by leading back to the "Plan" phase of designing new procedures.

## **SECTION I**

### **DATA COLLECTION & REPORTING**

#### **Purpose**

To improve the EMS system, information must first be collected, reported, and evaluated. The following are guidelines for data collection and reporting of EMS information.

#### **A. Data Collection**

Aspects of care which are identified as important should be monitored despite the possible complexity of necessary data or challenges associated with the data collection. All reliable sources of information should be utilized in the evaluation of system performance. EMS organizations should also consider the use of hard copy review, collection check-sheets, customer surveys, direct observation, and skills simulation.

#### **B. Approach to Data System Development**

Information systems should be designed to answer EMS system performance questions. It is strongly recommended that EMS organizations establish a practical consensus and clear understanding with all users regarding the purpose for collecting and processing the data. This step is vital to assure validity and reliability.

The following activities are recommended prior to data systems development:

1. Identify the specific mission and purpose of the organization
2. Identify the most important services that support the mission and purpose
3. Identify the resources, activities, and results that comprise the services
4. Identify what information must be reported to others, such as LEMSAs or the state EMSA
5. Identify specific questions (regarding the structures, activities, and outcomes within your organization), which need to be answered in order to better understand the success of the mission and purpose
6. Define how each question will be answered
7. Use the answers as the basis for developing indicators
8. Develop a quality indicator
9. Use the indicators as the basis for identifying what data is needed
10. Develop your technical plan for data collection based upon the elements identified
11. Test the process prior to investing in a data system
12. Recognize that an effective EMS QI Program is dynamic and therefore constantly changing, and incorporate this need for change into your data vendor contract (if applicable) and/or your data management plan

The California State EMS data set (with associated definitions) should be incorporated to allow for statewide data collection. Statewide EMS system indicators provide for comparative analysis between similar EMS providers/LEMSAs as well as statewide system evaluation. Additional data elements and code sets should be collected at a local level to focus on regional issues and concerns. The National EMS Information System (NEMSIS) data set (with associated definitions) may provide consistent data collection with these additional data elements.

#### **Validity and Reliability**

Validity - The data have validity if there is sufficient evidence to warrant the collection and use of the information for the purpose of measuring the performance of the EMS system. The information is valid if it is:

- Representative of important aspects of service performance
- Determined to be important for successful service performance
- Predictive of or significantly correlated with important elements of performance

Reliability – The data have reliability if the collection and interpretation methods can be trusted to be consistent and predictable. If the data collection is always performed in the same way, using the same data collection tools and interpreted with the same definitions, the information is likely to be reliable. Standardized definitions or agreement by the users regarding what the data will indicate and how they will be collected is critical to the success of the overall program.

**C. Organizational Reporting**

Data collection, reporting, and analysis shall occur at each of the four organizational levels. Each level shall submit information to their respective advisory group. Data collection and reporting should be done in the form of summary reports and may be based upon core EMS system indicators as adopted by the State EMSA, LEMSA, hospital, or individual EMS provider. Data collected specific to personnel shall only be exchanged between the personnel and provider levels. EMS information should be consistent in how it is organized, analyzed, presented and evaluated.

See *Appendix III* for specific diagram showing the flow and exchange of information at all levels.

## **SECTION II EVALUATION OF EMS SYSTEM INDICATORS**

### **Organizational Structure**

In order to provide a continuous evaluation of EMS services, it is recommended that the organizations establish technical advisory groups at each level (state, local, hospital, and provider). Each technical advisory group should be responsible for decision-making regarding evaluation and improvement and should be composed of stakeholders within the system under evaluation.

#### **Organization of Information**

EMS organizations shall develop indicators which address but are not limited to the following (*Appendix E*):

- (1) Personnel
- (2) Equipment and Supplies
- (3) Documentation
- (4) Clinical Care and Patient Outcome
- (5) Skills Maintenance/Competency
- (6) Transportation/Facilities
- (7) Public Education and Prevention
- (8) Risk Management

The recommended approach to organizing data and other sources of information is through the development and use of standardized indicators.

### **Indicators Defined**

According to the Joint Commission on Accreditation of Healthcare Organizations, an indicator is "a quantitative performance measure...a tool that can be used to monitor performance and direct attention to potential performance issues that may require more intensive review within an organization." In other words, an EMS indicator measures the degree of conformance to a reasonable expectation as defined by the community served. Indicators may be related to structures (people, places, things), processes (activities occurring in a system), and outcomes (the results of the structures and activities within a system). In fact, the three types of indicators (structure, process, and outcome) are all related and dependent upon one another. Hence the following equation:

$$\text{STRUCTURE} + \text{PROCESS} = \text{OUTCOME}$$

Changes in structure may affect the process and the outcome. Likewise, changes in the process may affect the structure and outcome. Indicators, in short, are a way to simplify information so that data can be digested more efficiently and in a meaningful way.

### ***Required EMS System Indicators***

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Statewide EMS system indicators as developed and adopted by the EMSA should be incorporated to allow comparison within the state at all levels. These indicators are developed through a statewide consensus process and supported by the statewide data system.

### ***Optional EMS System Indicators***

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Recommended indicators are developed and designed on an as-needed basis and may be used for the long or short term or on an ad hoc basis depending on the goals of the group developing the indicators. While the state may develop some indicators, most development will occur at the local level. All EMS organizations are encouraged to develop their own indicators based upon their specific needs. Ad hoc indicators are not reported outside of the specific user group and level of organization.

### **Analysis**

Prior to presenting or distributing indicators, it is recommended that the results be analyzed to include measurements appropriate for rapid interpretation by evaluators. Measurements may include the following:

- Statistical
  - Measures of Central Tendency
  - Measures of Dispersion
- Process Analysis
  - Trending
  - Causation
  - Benchmarking
  - Best Practices
  - Published References

### **Presentation**

The results and measurements of indicators should be presented to the users of the information in a formal process and on a regularly scheduled basis. Each presentation should include the purpose, objectives, references, benchmarks, measurements, and indicator detail sheet for clarification of data. The indicator information should be displayed to evaluators in a format that is most appropriate for the speed and ease of interpretation. The following are typical ways to display an indicator result:

- Flow Chart
- Fishbone – Cause and Effect Diagram
- Pareto Chart
- Histogram
- Scatter Diagram
- Run Chart
- Control Chart

Examples, definitions, and application of these display methods are illustrated in *Appendix L*.

### **Decision-Making Process**

Each organizational level should have a structured process for making decisions. The following is a general outline of the steps in a structured process for evaluation and decision-making by the Technical Advisory Group:

1. Identify the objectives of evaluation
2. Present indicators and related EMS information
3. Compare performance with goals or benchmarks
4. Discuss performance with peers/colleagues
5. Determine whether improvement or further evaluation is required
6. Establish plan based upon decision
7. Assign responsibility for post-decision action plan

### **SECTION III ACTION TO IMPROVE**

#### **Approach to Performance Improvement**

Once valid information has been presented and reliability evaluated, the decision to take action or to solve a problem requires a structured approach that is adaptable and applied to each situation as it is identified. There are many standardized and well-developed quality/performance improvement programs, which may be used during this phase. In all cases, each EMS QI Program Technical Advisory Group should choose an improvement method that is systematic and based upon evidence. The approach to improvement should also be team oriented and be done in a way that does not overwhelm the process due to size and complexity. Small wins are sometimes the basis for the larger wins. It is recommended that initial improvement projects be simple and based upon a strong consensus within the Technical Advisory Group that improvement will benefit all.

#### **Technical Advisory Group**

The EMS QI Program at each organizational level should have an oversight body that is responsible for implementing the quality/performance improvement plan. This group may be the same group that collects data from and evaluates the local system. The group should be responsible for delegating action to smaller groups (e.g., the Quality Task Force) and for monitoring the process as it unfolds within the system.

#### **Quality Task Force**

It is recommended that the Technical Advisory Group utilize smaller groups within the organizational level to carryout improvement action plans. Quality Task Forces are smaller sub-groups of the larger quality oversight body. Task forces are established to develop and implement action plans. Each task force has one project and is responsible for reporting all activities to the larger oversight group. Once the project is completed, the task force is disbanded. There may be more than one task force working concurrently, with each task force working on a specific action plan.

Note: Availability of resources can vary greatly between urban and rural agencies. It is understood that one task force may handle multiple projects or the Technical Advisory Group may handle the projects without forming any task forces.

#### **Performance Improvement Plan**

While there are many approaches to a Performance Improvement Plan within an organization, it is recommended that each Quality Task Force choose a standardized approach and use the same process each time a project is undertaken. The following are traditional components of a standardized improvement process:

- Establish criteria for measurement and evaluation
- Evaluate information
- Make a decision to take action to improve
- Establish criteria for improvement
- Establish an improvement plan
- Measure the results of the improvement plan
- Standardize or integrate change (plan) into the system
- Establish a plan for monitoring future activities

## **SECTION IV TRAINING AND EDUCATION**

### **Introduction**

Effectiveness of the EMS QI Program and related training is directly proportional to the energy and resources committed. Administrative oversight should be available and directly involved in the process. When clinical issues are addressed, medical oversight is recommended.

### **Action to improve process is intertwined with training and education**

Once the decision to take action or to solve a problem has occurred, training, and education are critical components that need to be addressed. As a Performance Improvement Plan is developed, the Technical Advisory Group will establish criteria for measurement and evaluation. Based on these criteria, delivery methods and content of training will be developed. This integrated process will avoid any misdirection that may occur when training is isolated from the EMS QI Program. Success of the performance improvement plan is dependent upon changing the behavior and knowledge of the staff who deliver care to patients or services to other participants (e.g., EMSA to LEMSA, LEMSA to EMS provider) in the EMS system. To implement change, you must deliver verifiable, ongoing training that is appropriate to the skill level and service goals of the organization.

### **Medical direction**

To successfully implement a Performance Improvement Plan, the organization's EMS QI Program team shall have input into the content and delivery methods of related training and education. This involvement will provide consistency between the current and subsequent Performance Improvement Plans. The structure of the organization shall place the oversight for directing clinical training and education at the highest level of medical knowledge.

### **Measure the results of the Performance Improvement Plan**

Once the Performance Improvement Plan has been implemented, the measurement of a successful outcome will be dependent upon the validity of the plan and the effectiveness of the training and education. If the outcome is not satisfactory, it is necessary to examine both the content of the Plan and delivery method of related training and education.

### **Integrate change**

Once the Performance Improvement Plan has been successfully implemented, the organization needs to standardize the changes within appropriate policies and procedures. When appropriate, assure that staff have successfully completed the training and educational components of the plan. The final steps in integrating change into the system will be to schedule continuing education at appropriate reoccurring intervals and re-evaluate the original EMS system indicators.

**SECTION V**  
**Annual Update Guidelines**

The Annual Update is a written account of the progress of an organization's activities as stated in the EMS QI Program. In compiling the Annual Update, refer to the previous year's update and work plan.

***Description of agency***

The description should include an organizational chart showing how the EMS CQI Program is integrated into the organization.

***Statement of EMS CQI Program goals and objectives***

Describe processes used in conducting quality improvement activities.  
 Were goals and objectives met?

***List and define indicators utilized during the reporting year***

- Define state and local indicators
- Define provider specific indicators
- Define methods to retrieve data from receiving hospitals regarding patient diagnoses and disposition
- Audit critical skills
- Identify issues for further system consideration
- Identify trending issues
- Create improvement action plans (what was done and what needs to be done)
- Describe issues that were resolved
- List opportunities for improvement and plans for next review cycle
- Describe continuing education and skill training provided as a result of Performance Improvement Plans
- Describe any revision of in-house policies
- Report to constituent groups
- Describe next year's work plan based on the results of the reporting year's indicator review

***Sample Work Plan Template***

Indicators Monitored	Key Findings/Priority Issues Identified	Improvement Action Plan Plans for Further Action	Were Goals Met? Is Follow-Up Needed?

**SECTION VI**  
**Confidentiality**

The activities of the VC EMS CQI Program are legally protected under the California Health & Safety Code Section 1157. The law protects those who participate in quality of care or utilization review. It provides further that “neither the proceedings nor the records of such reviews shall be subject to discovery, nor shall any person in attendance at such reviews be required to testify as to what transpired thereat.”

All copies of minutes, reports, worksheets and other data are stored in a manner ensuring strict confidentiality. A written confidentiality policy detailing procedures for maintenance and release of data and other information governs the release of such information. This policy specifies the use of record number or other identifiers in place of client names, and code numbers in place of provider and staff names. This policy also provides methods for restricting all quality improvement documents solely to authorized individuals. In addition, all data shall be considered protected information under the provisions of the California Evidence Code 1157.

EMS Agency CQI Program Coordinator	EMS Agency CQI Medical Director	EMS Agency CQI Committee Member
Signature:	Signature:	Signature:
Date:	Date:	Date:
		Position:

## APPENDIX I

### VENTURA COUNTY PUBLIC HEALTH DEPARTMENT CODE OF ETHICS



**It is the mission of the Ventura County Public Health Department (VCPH) to optimize the health of the community by promoting healthy lifestyles, and preventing and controlling disease, injury and disability. VCPH will operate according to the following code of ethics to carry out this mission. We will:**

- Address the fundamental causes of disease and requirements for health, aiming to prevent adverse health outcomes and promote positive health outcomes.
- Develop and evaluate policies, programs, and priorities through processes that foster an opportunity for input from community members.
- Advocate and work for the empowerment of disenfranchised community members, making every effort to ensure that the basic resources and conditions necessary for health are accessible to all people in our communities.
- Seek the information needed to implement effective policies and programs that protect and promote health.
- Provide communities with the best available information needed for decisions on policies or programs.
- Act in an appropriate and timely manner on available health information within our resources and mandate.
- Incorporate into our programs and policies a variety of approaches that anticipate and respect diverse values, beliefs, and cultures in our communities, and that also respect and protect the rights of individuals.
- Implement programs and policies in a manner that most enhances our physical and social environment.
- Protect the confidentiality of information that can bring harm to an individual or community if made public. Exceptions must be justified on the basis of the high likelihood of significant harm to the individual or others.
- Ensure and continually enhance the professional competence of our employees, and of the department as a whole.
- Engage in collaborations and affiliations with our communities and other health and human services entities in ways that build the public's trust, the effectiveness of our employees, and of our department as a whole.

**APPENDIX II**

**VENTURA COUNTY EMS AGENCY  
 PROGRAM INDICATORS**



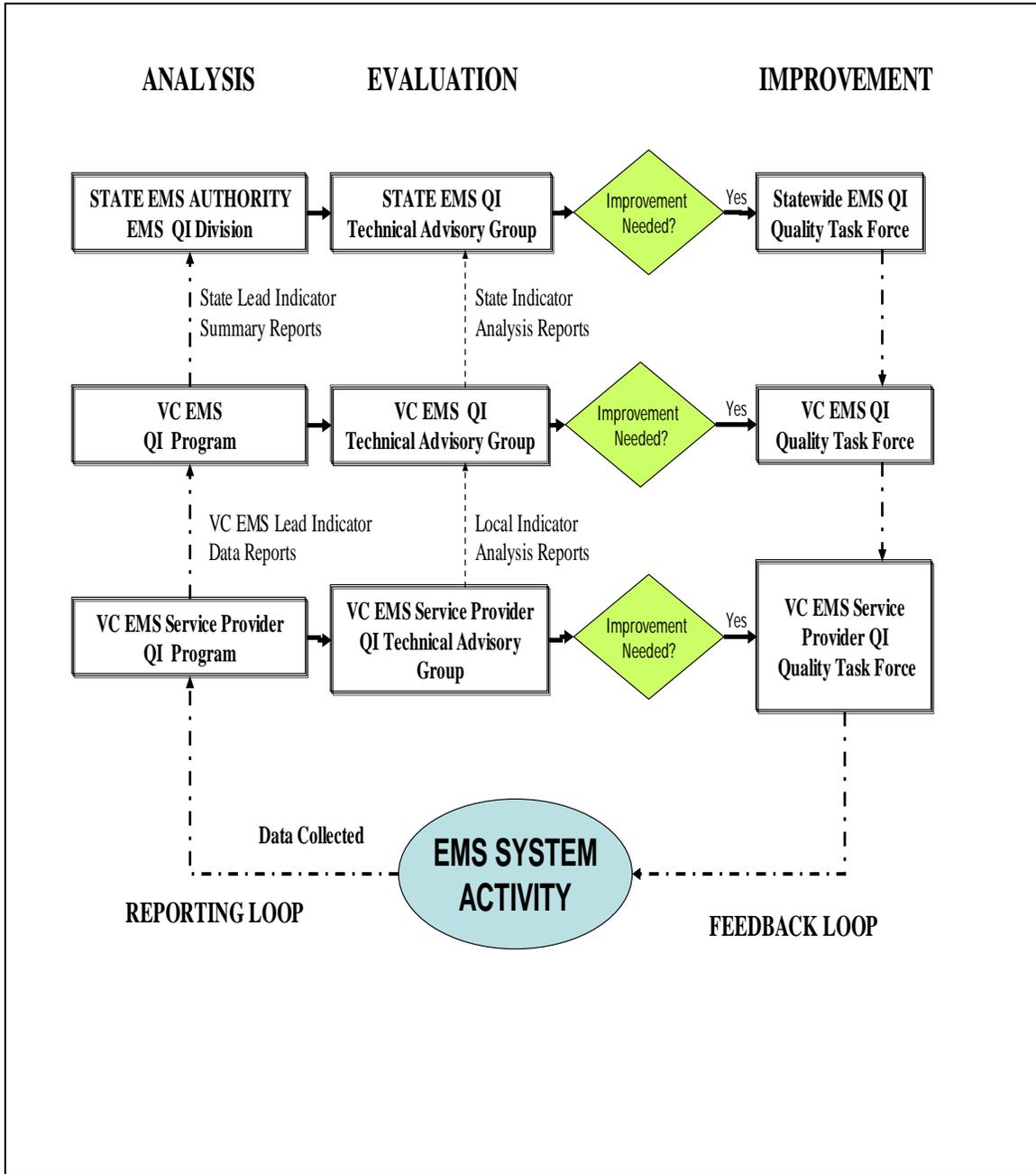
Measure	Definition	Goal
<i>Emergency Medical Dispatch</i> % "Call Entry" correctly followed	Verification of call back #, initial patient conditions to establish Priority Dispatch Determinant	Measured on high risk and random calls 96% C.E. Std, 90% Scoring Std
<i>Emergency Medical Dispatch</i> % correct EMD card selected	Prewritten dispatch card selected based on responses by reporting party	Measured on high risk and random calls 96% C.E. Std, 90% Scoring Std
<i>Emergency Medical Dispatch</i> %Dispatch/Treatment questions asked	Questions asked verbatim related to chief complaint	Measured on high risk and random calls 96% C.E. Std, 90% Scoring Std
<i>Emergency Medical Dispatch</i> %Correct Pre-arrival instructions given	Instructions given correctly to reporting party related to chief complaint	Measured on high risk and random calls 96% C.E. Std, 90% Scoring Std
<i>Emergency Medical Dispatch</i> % Correct final coding	Coding assigned and dispatched correctly	Measured on high risk and random calls 96% C.E. Std, 90% Scoring Std
<i>Advanced Life Support</i> %Rhythm Recognition on 100% patients with AF and SVT	Difference between Rapid Atrial Fibrillation and Supraventricular Tachycardia	Identification of paramedic skill reflective on county education and policy
<i>Advanced Life Support CQI</i> %Correct documentation	Prehospital documentation completed as required on above cases	100% correct documentation using county approved electronic documentation tool
<i>Advanced Life Support CQI</i> % Correctly Intubated Medical Arrests	Number of attempts, Number of successful attempts, reasons for failure. Correct use of policy.	Benchmark not determined Identification of success rate and focus areas for improvement
<i>Advanced Life CQI Team</i> % Correctly Intubated Traumatic Arrests	Number of attempts, Number of successful attempts, reasons for failure. Correct use of policy.	Benchmark not determined Identification of both success rate and focus areas needed for improvement
<i>Advanced Life Support CQI</i> %Correctly Intubated Respiratory Extremis	Number of attempts, Number of successful attempts, reasons for	Benchmark not determined Identification of both success rate and focus

	failure. Correct use of policy.	areas needed for improvement
<i>Advanced Life Support CQI</i> Correct parameters used to determine necessity for intubation on the patient in Respiratory Extremis	Level of Consciousness, Chief Complaint, O2 Saturation, Respiratory Effort, Glasgow Coma Scale, Skins will be the evaluation criteria for determining need for intubation on patients presenting with Resp Extremis	Determination of benchmark in progress. Goal is to provide prehospital care providers with parameters to use in determining need for intubation on the patient who is "alive".
<i>Base Hospital CQI</i> % Medication Errors in prehospital venue	Dose, route, patient, drug, calculation, and policy compliance measured	Measurement of skills performance. Determine focus areas for improvement
<i>Base Hospital CQI</i> % Correctly administered Versed in prehospital venue	Dose, route, patient, drug, calculation, and policy compliance measured	Measurement of skills performance. Determine focus areas for improvement
<i>Advisory Team CQI Trauma Study</i> Time Study <ul style="list-style-type: none"> <li>• On Scene</li> <li>• Dispatch to arrival</li> </ul>	Compliance with required time to destination (8minutes) Reasonable amount of time spent on scene	100% compliance with dispatch to arrival time of 8 minutes Individual case evaluation of time on scene
<i>Advisory Team CQI Trauma Study</i> % Correct Trauma Assessment	Physical assessment and scene assessment done according to VC EMS policy with correct documentation	Comprehensive and appropriate physical and scene assessment performed
<i>Advisory Team CQI Trauma Study</i> % Indicated procedures performed	Correct procedures done in response to physical assessment and history	100% of indicated procedures completed based on physical and scene assessment
<i>Advisory Team CQI Trauma Study</i> % Correct medications given	Medications given according to physical assessment and history in accordance to VC EMS policy	Medications given according to policy 100% of the time
<i>Advisory Team CQI Trauma Study</i> % Vital signs taken	Objective data obtained on a regular basis, and in response to treatment administered	V/S will be monitored and documented according to pt condition and treatments administered 100% of the time
<i>Unusual Occurrences</i> % annual occurrences by categories, providers	Events outside the norm of acceptable patient care, or outside the normal flow of operations surrounding dispatch, response, rescue and disposition of all ALS and BLS Calls	Events trended to identify focal areas for improvement in delivery of EMS care in the County of Ventura.

### **Appendix III**

## **Ventura County EMS Agency Flow of Information and Activity**

This diagram illustrates the organizational structure for analysis, evaluation, and improvement and demonstrates the fundamental interconnectedness of these critical components. Comprehensive evaluation lays the foundation upon which improvement shall occur.



COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Accreditation/Authorization/Certification Review Process		Policy Number: 333	
APPROVED: Administration: Steve L. Carroll, EMT-P		Date: December 1, 2010	
APPROVED: Medical Director Angelo Salvucci, M.D.		Date: December 1, 2010	
Origination Date: April 1993		Effective Date: December 1, 2010	
Date Revised: October 14, 2010			
Date Last Reviewed: October 14, 2010			
Review Date: October 31, 2013			

- I. **PURPOSE:** This policy defines the Ventura County Emergency Medical Services (VCEMS) accreditation/authorization/certification review process. This policy shall apply to holders of an EMT Certification, Mobile Intensive Care Nurse Authorization, and Paramedic Accreditation governing reportable situations and the evaluation and determination regarding whether or not Disciplinary Cause exists.
- II. **AUTHORITY:** California Health and Safety Code Sections 1797.56, 1798, 1798.200-1798.208. CCR, Title 22, Division 9, Chapter 6.
- III. **DEFINITIONS:**
  - Certificate** - means a valid Emergency Medical Technician (EMT) certificate issued pursuant to Division 2.5 of the California Health and Safety Code.
  - Certifying Entity** - as used in this policy means VCEMS.
  - Certification Action** - means those actions that may be taken by the VCEMS Medical Director that include denial, suspension, revocation of a Certificate, or placing a Certificate Holder on probation.
  - Certificate Holder** – for the purpose of this policy, shall mean the holder of a certificate, as that term is defined above.
  - CCR** – means the California Code of Regulations, Title 22, Division 9.
  - Crime** - means any act in violation of the penal laws of California, any other state, or federal laws.
  - Conviction** – means the final judgment on a verdict or finding of guilt, a plea of guilty or a plea of Nolo Contendere.
  - Discipline** - means either a Disciplinary Plan taken by a Relevant Employer pursuant to Section 100206.2 of the CCR or Certification Action taken by the VCEMS Medical Director pursuant to Section 100204 of the CCR, or both a Disciplinary Plan and Certification Action.
  - Disciplinary Cause** - means an act that is substantially related to the qualifications, functions, and duties of an EMT and is evidence of a threat to the public health and safety, per Health

and Safety Code Section 1798.200.

**Disciplinary Plan** - means a written plan of action that can be taken by a Relevant Employer as a consequence of any action listed in Section 1798.200 (c). The Disciplinary Plan shall be submitted to the VCEMS Medical Director and may include recommended Certification Action consistent with the Recommended Guidelines for Disciplinary Orders and Conditions of Model Disciplinary Orders.

**Functioning outside of medical control** - means any provision of prehospital emergency medical care which is not authorized by, or is in conflict with, any policies, procedures, or protocols established by VCEMS, or any treatment instructions issued by the base hospital providing immediate medical direction.

**Model Disciplinary Orders (MDO)** - means the Recommended Guidelines for Disciplinary Orders and Conditions of Probation (State EMS Authority Document #134) which were developed to provide consistent and equitable discipline in cases dealing with Disciplinary Cause.

**Relevant Employer(s)** - means those ambulance services permitted by the Department of the California Highway Patrol or a public safety agency that the Certificate Holder works for or was working for at the time of the incident under review, as an EMT either as a paid employee or a volunteer.

IV. POLICY: Any information received from any source, including discovery through medical audit or routine follow-up on complaints, which purports a violation of, or deviation from, state or local EMS laws, regulations, policies, procedures or protocols will be evaluated pursuant to this policy and consistent with the CCR, Chapter 6. For the purposes of a Crime, the record of Conviction or a certified copy of the record shall be conclusive evidence of such Conviction.

V. PROCEDURE:

A. An individual who indicates a criminal history on their certification, authorization or accreditation application or whose background check results in a criminal history will be subject to an investigation. Criminal history does not include an arrest only. The investigation shall consist of one or more of the following:

1. Documentation review
2. Interview by staff
3. An Interview by the VCEMS Medical Director and/or Administrator or designee

B. VCEMS will use the most current version of the MDO's as a reference.

C. Responsibilities of Relevant Employer

1. Under the provisions of the CCR and this policy, Relevant Employers:

- a. Shall notify VCEMS within three (3) working days after an allegation has been validated as potential for Disciplinary Cause.
  - b. Shall notify VCEMS within three (3) working days of the occurrence of any of following:
    - 1) The employee is terminated or suspended for a Disciplinary Cause,
    - 2) The employee resigns or retires following notification of an impending investigation based upon evidence that would indicate the existence of a Disciplinary Cause,or
    - 3) The employee is removed from employment-related duties for a Disciplinary Cause after the completion of the employer's investigation.
  - c. May conduct investigations to determine Disciplinary Cause.
  - d. Upon determination of Disciplinary Cause, the Relevant Employer may develop and implement a Disciplinary Plan in accordance with the MDOs.
    - 1) The Relevant Employer shall submit that Disciplinary Plan to VCEMS along with the relevant findings of the investigation related to Disciplinary Cause, within three (3) working days of adoption of the Disciplinary Plan.
    - 2) The employer's Disciplinary Plan may include a recommendation that the VCEMS Medical Director consider taking action against the holder's certificate to include denial of certification, suspension of certification, revocation of certification, or placing a certificate on probation.
- D. Jurisdiction of VCEMS
- 1. VCEMS shall conduct investigations to validate allegations for Disciplinary Cause when the EMT is not an employee of a Relevant Employer or the Relevant Employer does not conduct an investigation. Upon determination of Disciplinary Cause, the VCEMS Medical Director may take certification action as necessary against a Certificate Holder.
  - 2. VCEMS may, upon determination of Disciplinary Cause and according to the provisions of this policy, take certification action against an EMT to deny, suspend, or revoke, or place a Certificate Holder on probation, upon the findings by the VCEMS of the occurrence of any of the actions listed in Health

and Safety Code, Section 1798.200 (c) and for which any of the following conditions are true:

- a. The Relevant Employer, after conducting an investigation, failed to impose discipline for the conduct under investigation, or the VCEMS Medical Director makes a determination that discipline imposed by the Relevant Employer was not in accordance with the MDOs and the conduct of the Certificate Holder constitutes grounds for Certification Action.
  - b. The VCEMS Medical Director determines, following an investigation conducted in accordance with this policy, that the conduct requires Certification Action.
3. The VCEMS Medical Director, after consultation with the Relevant Employer or without consultation when no Relevant Employer exists, may temporarily suspend, prior to a hearing, a Certificate Holder upon a determination of the following:
- a. The EMT has engaged in acts or omissions that constitute grounds for revocation of the certificate; and
  - b. Permitting the EMT to continue to engage in certified activity without restriction poses an imminent threat to the public health and safety.
4. If the VCEMS Medical Director takes any certification action the VCEMS Medical Director shall notify the State EMS Authority of the findings of the investigation and the certification action taken and shall enter said information into the State Central Registry.

E. Evaluation of Information

1. A Relevant Employer who receives an allegation of conduct listed in Section 1798.200 (c) of the Health and Safety Code against a Certificate Holder and once the allegation is validated, shall notify the VCEMS, within three (3) working days, of the Certificate Holder's name, certification number, and the allegation(s).
2. When VCEMS receives a complaint against a Certificate Holder, VCEMS shall forward the original complaint and any supporting documentation not otherwise protected by the law to the Relevant Employer for investigation, if there is a Relevant Employer, within three (3) working days of receipt of the information. If there is no Relevant Employer or the Relevant Employer does not wish to investigate the complaint, VCEMS shall evaluate the information received from

a credible source, including but not limited to, CORI information, information obtained from an application, medical audit, or public complaint, alleging or indicating the possibility of a threat to the public health and safety by the action of an applicant for, or holder of, a certificate issued by VCEMS or pursuant to Division 2.5, of the Health and Safety Code.

3. The Relevant Employer or VCEMS shall conduct an investigation of the allegations in accordance with the provisions of this policy, if warranted.

F. Investigations Involving Firefighters

1. The rights and protections described in Chapter 9.6 of the Government Code shall only apply to a firefighter during events and circumstances involving the performance of official duties.
2. All investigations involving Certificate Holders who are employed by a public safety agency as a firefighter shall be conducted in accordance with Chapter 9.6 of the Government Code, Section 3250 et. seq.

G. Due Process

The Certification Action process shall be in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

H. Determination of Action

1. Upon determining the Disciplinary Plan or Certification Action to be taken, the Relevant Employer or VCEMS shall complete and place in the personnel file or any other file used for any personnel purposes by the Relevant Employer or VCEMS, a statement certifying the decision made and the date the decision was made. The decision must contain findings of fact and a determination of issues, together with the Disciplinary Plan and the date the Disciplinary Plan shall take effect.
2. A temporary suspension order pursuant to Section 100209 (c) of the CCR shall take effect upon the date the notice required by Section 100213 of the CCR, is mailed to the Certificate Holder.
3. For all other Certification Actions, the effective date shall be thirty days from the date the notice is mailed to the applicant for, or holder of, a Certificate unless another time is specified or an appeal is made.

I. Temporary Suspension Order

1. The VCEMS Medical Director may temporarily suspend a certificate prior to hearing if the Certificate Holder has engaged in acts or omissions that constitute grounds for denial or revocation according to Section 100216(c) of

the CCR and if in the opinion of the VCEMS Medical Director permitting the Certificate Holder to continue to engage in certified activity would pose an imminent threat to the public health and safety.

2. Prior to, or concurrent with, initiation of a temporary suspension order of a Certificate pending hearing, the VCEMS Medical Director shall consult with the Relevant Employer of the Certificate Holder.
3. The notice of temporary suspension pending hearing shall be served by registered mail or by personal service to the Certificate Holder immediately, but no longer than three (3) working days from making the decision to issue the temporary suspension. The notice shall include the allegations that allowing the Certificate Holder to continue to engage in certified activities would pose an imminent threat to the public health and safety.
4. Within three (3) working days of the initiation of the temporary suspension, by VCEMS, Relevant Employer and VCEMS shall jointly investigate the allegation in order for the VCEMS Medical Director to make a determination of the continuation of the temporary suspension.
  - a. All investigatory information, not otherwise protected by the law, held by the VCEMS and the Relevant Employer shall be shared between the parties via facsimile transmission or overnight mail relative to the decision to temporarily suspend.
  - b. VCEMS shall serve within fifteen (15) calendar days, an accusation pursuant to Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code (Administrative Procedures Act).
  - c. If the Certificate Holder files a Notice of Defense, the administrative hearing shall be held as soon as possible based on Administrative Law Judge's (ALJ) availability.
  - d. The temporary suspension order shall be deemed vacated if VCEMS fails to serve an accusation within fifteen (15) calendar days or fails to make a final determination on the merits within fifteen (15) calendar days after the ALJ renders a proposed decision.

J. Final Determination of Certification Action by the VCEMS Medical Director

1. Upon determination of certification action following an investigation, and appeal of certification action pursuant to Section 100211.1 of the CCR, if the

respondent so chooses, the VCEMS Medical Director may take the following final actions on a Certificate:

- a. Place the Certificate Holder on probation
- b. Suspension
- c. Denial

K. Placement of a Certificate Holder on Probation

The VCEMS Medical Director may place a Certificate Holder on probation any time an infraction or performance deficiency occurs which indicates a need to monitor the Certificate Holder's conduct in the EMS system, in order to protect the public health and safety. The term of the probation and any conditions shall be in accordance with the MDOs. VCEMS may revoke the Certificate if the Certificate Holder fails to successfully complete the terms of probation.

L. Suspension of a Certificate

1. The VCEMS Medical Director may suspend an individual's Certificate for a specified period of time for Disciplinary Cause in order to protect the public health and safety.
2. The term of the suspension and any conditions for reinstatement shall be in accordance with the MDOs.
3. Upon the expiration of the term of suspension, the individual's certificate shall be reinstated only when all conditions for reinstatement have been met. The VCEMS Medical Director shall continue the suspension until all conditions for reinstatement have been met.
4. If the suspension period will run past the expiration date of the certificate, the EMT shall meet the recertification requirements for certificate renewal prior to the expiration date of the certificate.

M. Denial or Revocation of a Certificate

1. The VCEMS Medical Director may deny or revoke any Certificate for Disciplinary Cause that has been investigated and verified by application of this policy.
2. The VCEMS Medical Director shall deny or revoke an Certificate if any of the following apply to the applicant:
  - a. Has committed any sexually related offense specified under Section 290 of the Penal Code.
  - b. Has been convicted of murder, attempted murder, or murder for hire.
  - c. Has been convicted of two (2) or more felonies.

- d. Is on parole or probation for any felony.
  - e. Has been convicted and released from incarceration for said offense during the preceding fifteen (15) years for the crime of manslaughter or involuntary manslaughter.
  - f. Has been convicted and released from incarceration for said offense during the preceding ten (10) years for any offense punishable as a felony.
  - g. Has been convicted of two (2) or more misdemeanors within the preceding five (5) years for any offense relating to the use, sale, possession, or transportation of narcotics or addictive or dangerous drugs.
  - h. Has been convicted of two (2) or more misdemeanors within the preceding five (5) years for any offense relating to force, threat, violence, or intimidation.
  - i. Has been convicted within the preceding five (5) years of any theft related misdemeanor.
  - j. Has committed any act involving fraud or intentional dishonesty for personal gain within the preceding seven (7) years.
  - k. Is required to register pursuant to Section 11590 of the Health and Safety Code.
4. Subsection V.M.1 and 2 shall not apply to convictions that have been pardoned by the Governor, and shall only apply to convictions where the applicant/Certificate Holder was prosecuted as an adult. Equivalent convictions from other states shall apply to the type of offenses listed in V.M.1 and 2. As used in Section M, "felony" or "offense punishable as a felony" refers to an offense for which the law prescribes imprisonment in the state prison as either an alternative or the sole penalty, regardless of the sentence the particular defendant received.
5. This Section shall not apply to EMTs who obtain their California Certificate prior to July 1, 2010; unless:
- a. The Certificate Holder is convicted of any misdemeanor or felony after July 1, 2010.
  - b. The Certificate Holder committed any sexually related offense specified under Section 290 of the Penal Code.

- c. The Certificate Holder failed to disclose to the certifying entity any prior convictions when completing the application for initial EMT certification or certification renewal.
  6. Nothing in this Section shall negate an individual's right to appeal a denial of a Certificate pursuant to this policy.
  7. Certification action by the VCEMS Medical Director shall be valid statewide and honored by all certifying entities for a period of at least twelve (12) months from the effective date of the certification action. An EMT whose application was denied or an EMT whose certification was revoked by the VCEMS Medical Director shall not be eligible for EMT Certification by any other certifying entity for a period of at least twelve (12) months from the effective date of the certification action. EMT's whose certification is placed on probation must complete their probationary requirements with the Certifying Entity that imposed the probation.
- N. Notification of Final Decision of Certification Action
  1. For the final decision of Certification Action, the VCEMS Medical Director shall notify the applicant/Certificate Holder and Relevant Employer(s) of the Certification Action within ten (10) working days after making the final determination.
  2. The notification of final decision shall be served by registered mail or personal service and shall include the following information:
    - a. The specific allegations or evidence which resulted in the Certification Action;
    - b. The Certification Action(s) to be taken, and the effective date(s) of the Certification Action(s), including the duration of the action(s);
    - c. Which certificate(s) the Certification Action applies to in cases of holders of multiple certificates;
    - d. A statement that the Certificate Holder must report the Certification Action within ten (10) working days to any other EMS Agency and Relevant Employer in whose jurisdiction s/he uses the certificate.
- O. Certification/authorization or accreditation applicants who fail to reveal a criminal history, but for whom a criminal history of conviction is discovered, or for an applicant who fraudulently answered any question on their application or eligibility statement may have their certification/authorization or accreditation placed on probation, suspended or revoked.



Ventura County Emergency Medical Services  
2220 E. Gonzales Road, Suite 130  
Oxnard, CA 93036  
Phone: 805-981-5301  
Fax: 805-981-5300

**APPENDIX A**

## Arrest Status Report Form

Today's Date: \_\_\_\_\_

**After initial report, the form is due on the first of each month until the case has been settled**

\*\*\*\*\*

### Personal Information

Name: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Certification/License # (if applicable) \_\_\_\_\_

\*\*\*\*\*

**This report form is being submitted for the following reason: (Please check all that apply)**

- Initial report (Please attach all court documents and arrest reports)
- Monthly report form
- Final Report (attach all court documentation)

\*\*\*\*\*

### Court Information

Case Number #: \_\_\_\_\_

Court Address: \_\_\_\_\_

\_\_\_\_\_

When is your next court appearance scheduled? \_\_\_\_\_

If you are completed with your court hearings, please forward a copy of your court documents to the VCEMS Office immediately.

Signature: \_\_\_\_\_

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: SCENE CONTROL AT A MEDICAL EMERGENCY		Policy Number 600	
APPROVED: Administration: Barbara S. Brodfuehrer, R.N.		Date: 09/23/1999	
APPROVED: Medical Director: Angelo Salvucci, M.D.		Date: 09/23/1999	
Origination Date: January 1985		Effective Date: October 31, 1999	
Revised/Reviewed: September 1999			
Review Date: September 2001			

I. PURPOSE:

To establish authority for scene control at a medical emergency.

II. POLICY:

- A. Authority for the management of the scene of an emergency shall be vested in the appropriate public safety agency having primary investigative authority.
- B. The scene of an emergency shall be managed in a manner designed to minimize the risk of death or health impairment to the patient and to other persons who may be exposed to the risks as a result of the emergency condition, and priority shall be placed upon the interests of those persons exposed to the more serious and immediate risks to life and health.
- C. Public safety officials shall consult emergency medical services personnel or other authoritative health care professionals at the scene in the determination of relevant risks.

Ref: Health and Safety Code, Division 2.5, Section 1797.6(c)

Policy Title:  
UNACCOMPANIED MINORS

Policy Number:  
618

APPROVED:  
Administration: *Brian S. Bradfuer*

Date: *Oct 10, 1995*

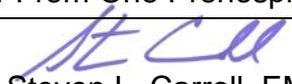
APPROVED:  
Medical Director *[Signature]*

Date: *10/11/95*

Effective Date: October 31, 1995

Origination Date: May 1995

- I. Purpose: To describe the process to be followed when ambulance personnel determine that an unaccompanied minor does not need ambulance transport.
- II. Policy: The following procedure will be followed when field personnel assess a minor patient who is unaccompanied by a responsible adult and who is determined not to have an illness or injury requiring ambulance transport.
- III. Procedure:
  - A. The patient is assessed according to EMS protocols. Field personnel should consider using their cellular telephone to contact the parent(s) of the patient.
  - B. The Prehospital Field Report will be completed, documenting that no illness or injuries requiring ambulance transport are present.
  - C. The field personnel will document the name/badge # of an officer who will assume responsibility for the child until his/her parent(s) arrive.
  - D. An AMA signature is not needed.

COUNTY OF VENTURA HEALTH CARE AGENCY		EMERGENCY MEDICAL SERVICES POLICIES AND PROCEDURES	
Policy Title: Patient Transfer From One Prehospital Team To Another		Policy Number: 708	
APPROVED: Administration:	 Steven L. Carroll, EMT-P	Date: June 1, 2009	
APPROVED: Medical Director	 Angelo Salvucci, MD	Date: June 1, 2009	
Origination Date:	October 31, 1992	Effective Date: June 1, 2009	
Date Revised:	December 11, 2008		
Date Last Reviewed:	December 11, 2008		
Review Date	June 30, 2012		

- I. PURPOSE: To provide guidelines for transfer of patient care from one prehospital team to another prehospital team, if necessary.
- II. POLICY: Care of a patient may be transferred from one prehospital team to another according to the following procedures.
- III. PROCEDURE:
  - A. Ground Unit to Ground Unit
    1. ALS level response
      - a. Attempt to inform the Base Hospital (BH) and inform the patient of the necessity of a transfer.
      - b. Obtain agreement from the receiving team to accept responsibility for the patient.
      - c. Give a report concerning the patient's condition. This report should include history, physical assessment and all treatment rendered.
      - d. Document times and units involved on the Approved Ventura County Documentation System (AVCDS).
      - e. The receiving team is responsible for documentation.
    2. BLS level response
      - a. Inform the patient of the necessity for a transfer.
      - b. Obtain agreement from the receiving team to accept responsibility for the patient.
      - c. Give a report concerning the patient's condition. This report should include history, physical assessment and all treatment rendered.

- d. Document times and units involved on the Approved Ventura County Documentation System (AVCDS).
    - e. The receiving team is responsible for documentation.
- B. Ground Unit to Air Unit
  - 1. ALS capable personnel, if on scene, shall accompany a critical patient on the air unit.
  - 2. Transfer from ground to air may be to a crew with lesser certificate level. If ALS procedures have been started (other than an IV in a stable patient), ALS personnel shall accompany the patient.
  - 3. If the ground crew is unable to make BH contact, the ALS personnel may operate under Communication Failure Protocols.
- C. Multi Casualty Incident (MCI) (Greater than 3 patients)
  - 1. Patients should be identified by START triage number, and this number shall be used during the remainder of the call.
  - 2. Care for a stable patient with a prophylactic IV (no meds) may be transferred to an EMT-I crew.