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**BASE HOSPITAL QA/QI REVIEW PROCESS**

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I. AUTHORITY:

*California Health and Safety Codes. Division 2.5 Section 1797.204 and 1798.102; California Code of Regulations, Title 22, Section 100168*

II. APPLICATION:

This policy defines guidelines for processes used by the Base Hospitals to identify and report variations in practice from Orange County EMS policies, protocols, treatment guidelines and documentation standards, and outlines the actions to be followed for problem resolution, performed as a part of the Base Hospital's continuous quality improvement (CQI) plan.

III. GENERAL GUIDELINES:

- A. Base hospital coordinators participate in prehospital and MICN quality improvement activities in accordance with OCEMS policies, procedures and protocols. This includes PCR review of field care, to include reporting and review of incidents in collaboration with and at the direction of the OCEMS Medical Director or designee(s).
- B. ALS and BLS calls will be evaluated by the Base Hospital Coordinator (BHC), Program Coordinator or designated person for compliance with Orange County EMS (OCEMS) treatment / documentation guidelines.
- C. ERCs who have concerns about prehospital care should notify their BHC of the concern. Issues or concerns regarding prehospital care shall be investigated by the appropriate CQI designee at the Base Hospital.
- D. The BHC will initiate a review within 5 days of the notification of the occurrence. Any incident (as identified in II. above) must be reported to the BHC within 10 days of its occurrence.
- E. All significant issues (see #3 below) will be documented and trended by the BHC. This information shall be filed in a secured area by the BHC as part of the base hospital's CQI process, therefore protected under California State Evidence code 1157.7.
  - 1. Quarterly summary reports will be analyzed by BHCs to identify system trends. Identified trends may indicate the need for future continuing educational opportunities or recommendations for system changes.
  - 2. The OCEMS Agency, Fire Paramedic Coordinator, or agency representative shall be contacted within 10 days of BHC notification for the following occurrences:
    - a. Any medication error or reported "near-miss" for trending at the system level
    - b. Significant medication errors with a potential for or actual adverse outcome
    - c. Any actions or omissions resulting in injury.
    - d. Deviations from standard practice resulting in patient harm, whether temporary or permanent.
    - e. Trends of recurrent issues with individuals requiring additional education, counseling, monitoring or necessitating a performance improvement plan.
    - f. Unrecognized endotracheal tube (ETT) dislodgements.
    - g. Issues pertaining to practice outside paramedic scope of practice.
    - h. Unusual occurrences with the potential for a negative outcome.



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3. Significant issues to be documented and trended by the BHC will include but are not limited to the following occurrences:
  - a. Patient care issues resulting in harm or potential for harm.
  - b. Personnel/dispatch/ system issues.
  - c. Unrecognized ETT dislodgements.
  - d. Unusual occurrences with the potential for a negative outcome.
  - e. Scope of practice issues.

### G. Performance Improvement Plan

1. The decision to develop an educational performance improvement plan will be developed collaboratively by the BHC, Fire Program Coordinator or agency representative and/or Base Hospital Medical Director as indicated.
  - a. The BHC is responsible for plans related to Base Hospital Personnel.
  - b. The Fire/ALS Program Coordinator/agency representative is responsible for plans related to agency personnel.
  - c. The Base Hospital Medical Director may participate in performance improvement plans as appropriate.
2. Educational and performance expectations for specific improvements shall be confidential, clearly identified, measurable and include:
  - a. Identification of specific expectations including the expected time frame for completion.
  - b. Consequences for non-compliance.

### H. Procedure

1. Upon notification of an incident, the BHC, Fire Paramedic Coordinator or agency representative will:
  - a. Initiate an incident review to gather facts within 5 days of event notification.
  - b. Document findings pertinent to the incident or concern according to the Base Hospital QA/QI process.
    - i. Determine if the incident/concern is an isolated incident or a recurring problem with the individual, medic team or system.
    - ii. Document action plan, which may include: recommendation(s) and action(s) taken, specific expectations and expected time frame, as indicated. Examples may include:
      - a) Education plan developed: discussion, completion of an independent case review / module, didactic course, review article.
      - b) Clinical time.
      - c) Skills review
  - c. Once the review is initiated, the BHC, Fire Paramedic Coordinator, or agency representative will complete the process within 2 weeks



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- d. Enter incident into the Base Hospital confidential database
    - i. Track and trend incidents.
    - ii. Incidents and trends will be reviewed at the BHC meeting quarterly.
    - iii. Improvement plans based in incidents and trends shall be incorporated into revisions of the Base Hospital or Agency CQI plans as appropriate.

**Approved:**

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