March 31, 2016

The Care Ambulance Quality Assurance / Quality Improvement Program provides a system which gathers patient care data, analyzes and reviews that data, provides educational and operational feedback to medical personnel, and continually audits our performance to assure quality patient care.

Clinical Standards are consistent with current medical practice and have been reviewed for clinical appropriateness and compliance with all federal, state, and local requirements.

The clinical CQI Program has been carefully considered and approved by the CEO and by the Medical Director of Care Ambulance Service.

Troy Hagen
CEO

Michael L. Martin, M.D.
Medical Director
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The continual process of assessing and monitoring individual and system performance, as well as documenting that performance, is the responsibility of quality assurance and quality improvement. Care Ambulance’s Quality Assurance and Quality Improvement Program is predicated on the belief that field personnel are highly skilled medical professionals empowered to make judgments that if not properly executed could have far reaching and serious consequences for patients.

It is the goal of Care Ambulance to adopt the standards of patient care and protocols established by the State of California and local EMS agencies as the minimum standard by which we measure our performance. The Care Ambulance Quality Assurance and Quality Improvement Program provides a system which gathers patient care data, analyzes and reviews the data, provides educational and operational feedback to medical personnel and continually audits our performance to assure quality patient care.
**PHILOSOPHY OF CARE AMBULANCE**

Care Ambulance commits itself to quality patient care and that commitment is evident in the quality of care provided to each and every patient.

**RESPONSIBILITIES FOR OVERSIGHT**

The QA/QI Manager shall be the management representative responsible for the day-to-day monitoring of the QA/QI process. The Paramedic Coordinator will be the primary person responsible for oversight of the EMT-P component of the Quality Program for Advanced Life Support. The Specialty Care Nurse Manager will be primary person responsible for oversight of the Specialty Care Transposition Quality Program. The Operations Director will have the responsibility for the overall direction of the QA/QI program. The Medical Director will have significant input and control of the program.

**QA/QI INTERFACE WITH LOCAL EMS ANGENCY AND STATE EMS AUTHORITY**

The QA/QI Manager and Paramedic Coordinator will be responsible for the direct interaction with the local EMS Agency, and will be an active participant in any county EMS/QI process.

By cooperating with the local EMS agencies (LEMSA) in the implantation, monitoring, data collections and evaluation of EMS required indicators, Care Ambulance Service integrates our QA/QI program with the California EMS Authority.

As an approved Advanced Life Support Provider in Los Angeles County it is a requirement to participate in the TEMIS Data Entry Program.

The QA/QI Manager will provide direct oversight of the TEMIS Data entry process. The QA/QI Manager and all personnel who will be performing data entry on the TEMIS system will be required to attend a minimum of 16 hours of TEMIS basic software training and 24 hours of advanced/ refresher training per year.
QA/QI interface with local ems agency and state ems authority - cont.

QA/QI Manager or his/her designee will be responsible for ensuring that the following are reported to the EMS Agency:

- Clinical Concerns
- TEMIS Data
- Adverse Trends
- Special Topic Audits
- Other specific items requested by the agency

Performance Improvement Organizational Chart

The QI program/process demonstrates the dissemination of QI information to all participants, (i.e., administration, EMT’s, dispatchers, paramedics, base hospitals and other provider agencies.)

See attachment 1A

Description of Processes Used in Conducting QI

The continuous QI Process used by Care Ambulance Service is:

PDCA.

P - Plan, Analysis, Conclusions, Recommendations
- Description of current process or outcome
- Analysis of findings
- Conclusions based on findings
- Recommendations to improve performance

D – Do/Act
- What action did you take to improve the performance
- When did you take the action(s) to improve performance

C – Check
- How effective were the actions to improve performance
- Briefly describe the performance improvement
- Did the action have an impact on patient care
- Did the action have an impact on customer satisfaction
- Did the action have a financial impact
- Will there be a long-term benefit

A – Act
- When will the action be monitored to determine the effectiveness
- How long will the action be monitored to ensure improvement and/or resolution
- How often will the effectiveness of the action be monitored
PROSPECTIVE EVALUATION

The Prospective element is a key component to the QA/QI process. Strong emphasis on prospective will increase the probability of positive findings in concurrent and retrospective evaluation.

The following are key areas of prospective evaluation:

- Recruitment
- Screening
- Pre-Employment and Post-Offer Testing
- Affirmative Action Plan
- Internal Education/Training Program
  a. New employee orientation
  b. Field training officer/preceptor program
  c. Continuing medical education
  d. Individualized training
  e. OSHA required training
  f. Required county training
- Community Education/Training
  a. Ambulance demonstrations
  b. Safety and prevention programs
  c. EMT-1 Career Day presentations
  d. CPR, First Aid, and AED
  e. Specialty presentations on EMS related topics

RECRUITMENT

The Care Ambulance recruitment philosophy is to select top quality EMT candidates based on current and projected needs. Selection of the most qualified EMT candidates is accomplished through the following mechanisms:

- Referrals from current and former employees.
- Referrals from EMT Training Instructors.
- Solicitation through newspaper classifieds, trade journals, and agreements with approved training institutions.
- Participation in career day events, and presentations to EMT classes.
- Open House

Care Ambulance believes that career opportunities should be available for all employees. Employees are viewed as internal clients. The organization has the same long-term commitment for external customers and internal clients.
SCREENING

To ensure that the most qualified applicants are selected for employment requires appropriate screening. The following mechanisms are used for the screening process:

- Review of application with focus on ability to follow instructions and experience.
- Written job descriptions containing prerequisite job requirements.
- Structured oral interview with two managers.
- Background investigation to verify information on application.
- Review of motor vehicle driving record.

At the completion of the screening process only the most qualified candidates are selected to participate in the pre-employment and post-offer testing.

PRE-EMPLOYMENT AND POST-OFFER TESTING

- Complete D.O.T. Physical
- Urinalysis Drug Screening
- Medical History and Examination
- T.B. Skin Testing
- Strength and flexibility testing completed by licensed physical therapist
- Cybex back and knee testing.

Individuals, who successfully complete all required pre-employment and post-offer testing, will then become a key component in the delivery of Quality Patient Care.

AFFIRMATIVE ACTION PLAN

Care Ambulance Service, Inc. is an equal opportunity employer. Care Ambulance Service does not discriminate in employment on the basis of race, color, religion, gender, national origin, age, disability, Vietnam Era veteran or special disabled veteran status, sexual orientation or any other protected status as provided by law.

While not required by law, all candidates receive an Affirmative Action Survey during the hiring process. The information is collected and reviewed to insure that Care Ambulance Service meets all of the Department of Labor’s Employment Standards.
INTERNAL EDUCATION/TRAINING PROGRAMS

Education and training are extremely important aspects of the quality process. All employees are encouraged to further their education both through internal and external sources. The following is a list of some of the areas of internal training:

New Employee Orientation

All new employees will attend an orientation class. The class will prepare the employee to represent the company in a positive manner, and function well in the Local EMS system. Below is a list of the topics covered in this orientation.

- Company policy and procedures
- Overview of the organizational structure
- Communications
- Safe vehicle operation
- Quality Improvement
- Resources available
- Overview of the Local EMS Agency
- Hospital and specialty care facility locations
- Operations overview

Field Training Officer (F.T.O.s)

F.T.O.s are individuals who have been designated as training representatives. He/she may be utilized to provide field internship to an EMT student, field and classroom training of assigned personnel, or work with a currently certified individual who requires some refresher training.

The selection of individuals to be F.T.O.s will require the approval of the Training, Operations, and Quality Improvement Departments. An F.T.O. is expected to lead by example in the performance of his/her daily duties. Any significant disciplinary or quality care problems may result in the individual losing their F.T.O. status.

Continuing Medical Education

Continuing education will be provided for all field employees. Care Ambulance recognizes the importance of basic life support and critical care transports. Classes with curriculum to meet the specific needs of the EMT-1 are offered.

Training topics are based on employee and system needs. Trends that are identified will also be referred to the Training Department for curriculum development.
The Local EMS Agency may identify specific areas that require training. Care Ambulance, as a state and county approved provider, will fully comply with all requirements.

Some of the continuing education classes that may be offered are:

- CPR and AED Recertification
- CPR and AED Instructor Course
- Patient Assessment
- Documentation
- How to Assist the Paramedic
- EMT Skills
- Various Medical Topics
- Various Trauma Topics
- Pediatric Care
- Infection Control / Hazardous Materials
- Field Care Audits
- Child/Elder Abuse

Continuing education is crucial to ensuring ongoing quality. An increase in knowledge and confidence leads to an increase in the quality and level of care provided.
Individualized Training

Individualized training may take the form of refresher training and/or evaluation based on a concern raised by the individual, supervisors or others. The Training and Quality Improvement Departments will work in conjunction to develop an action plan to ensure that every opportunity for success is given to the individual.

The action plan will be specific to meet the identified needs. After successful completion the individual will be monitored for continued compliance. The individual’s supervisor will be apprised of the progress and results of the action plan, with recommendations for continued progress. The Training and Quality Improvement Departments will make recommendations to the individual's supervisor. Under no circumstances will an individual with clinical concerns be allowed to return to the field until approval from Training and Quality Improvement.

All Care Ambulance employees are encouraged to seek additional training in areas they feel are necessary. An employee may approach a representative from Operations, Training, or Quality Improvement and request information on a specific topic. The employee may be given literature on the topic and/or referred to an individual that can provide them with the information needed. If the needs of the employee cannot be met internally then they can be referred to an external source to obtain the required information.

OSHA Required Training

Care Ambulance will be in full compliance with all OSHA requirements. Internal resources will provide infection control and blood borne pathogen updates. All records of training will be maintained as specified by OSHA.

Required County Training

Care Ambulance will work closely with the Local EMS Agency to assist in any mandatory training that the agency may deem necessary. It is understood that with limited resources the agency may need the providers to conduct training on requested topics. Staff from the agency is welcome to attend any training classes for the purpose of audit.

Care Ambulance staff will be available to assist training other agencies should they also have limited resources. This team approach lends itself to a successful system with all constituents working in harmony.
COMMUNITY EDUCATION/TRAINING

Care Ambulance is a good corporate citizen and a leader in the area of community education. To achieve the goal of reducing morbidity and mortality, and ensuring early access into the EMS system the public must be educated. The following is a brief list of community education classes:

- Ambulance Demonstrations
- Safety Programs
- EMT Career Day Presentations
- Cardiopulmonary Resuscitation (CPR)
- Specialty Presentations (EMS related topics)

Care Ambulance is able to design programs to meet specific needs of the community.

CRITERIA DEVELOPMENT

The criteria to evaluate the appropriateness and quality of patient care are based on local and state guidelines. Key elements of focus include:

- Structure - manpower, training, equipment, dispatch, etc.
- Process - the care that the patient receives.
- Outcome - the effects of care on the patient.

It is very apparent that with good structure and good process the probability of a positive outcome is increased. Care Ambulance takes pride in its excellent structure and process.

As outcomes are tracked refinement can be made to structure and process. Through this refinement process, Care Ambulance will continue to improve patient outcomes. This will be extremely important to managed care organizations to ensure the highest level of care through the timely use of the most appropriate resources.

SCOPE OF PRACTICE

All Care Ambulance employees assigned to a specific county will follow the local scope of practice. As part of the scope of practice every field care provider fully understands the standard of care for every patient they contact. Standard of care and scope of practice are both areas that are reviewed during continuing education classes.

CONCURRENT EVALUATION

The concurrent evaluation is the opportunity to directly observe a process as it works. It provides the opportunity to not only observe but also to educate at the same time. The concurrent phase will provide valuable insight into the effectiveness of the prospective phase. Individuals who perform concurrent evaluation should be well versed in the delivery of care in an uncontrolled environment, with an appreciation of extenuating circumstances.
The following are key areas of the concurrent evaluation process:

- Field Observation
- Inventory/Equipment Audits
- Child/Elder Abuse
- Risk Management
  a. Infection control
  b. Safety standards
  c. Employee injury reports
  d. Hazardous materials training
  e. Medical hazardous waste handling

FIELD OBSERVATION

The field observation is by far the most effective method of evaluating performance. It provides the opportunity for direct observation and interaction while care is being provided. This can also be very stressful for the person being evaluated. The evaluator must appreciate this and take it into consideration.

Field observation may be accomplished by riding with a crew, or by randomly arriving on scene of a variety of calls. The field observation provides the rare opportunity to see exceptional performances first hand. Too often it is after the call that we hear about an exceptional performance from a third party. While it is always nice to hear about these exceptional performances, it is not the same as seeing them for yourself.

Any member of management may participate in field observation. This allows field providers in their environment to interact with management. Field observation emphasizes the importance of what employees do and enhances the credibility of the quality improvement process.

INVENTORY/EQUIPMENT AUDITS

Field employees perform daily equipment and supply inventories prior to going in service. All units are maintained to meet or exceed CHP and Local EMS standard drug and equipment requirements. All units are subject to “spot” inspection by either of the above or a company representative.

All equipment checks and supply inventory are documented on an Ambulance Inspection Report form. These forms are turned in daily and maintained as legal records.

CHILD/ELDER ABUSE REPORTING

All field employees understand that they are mandated reporters. They understand that it is their responsibility to make the appropriate notifications and complete all of the required paperwork. As part of the notification process an Operations Manager must be notified. It is the responsibility of the Operations Manager to follow up and ensure that all notifications are made and paperwork is complete.
RISK MANAGEMENT

Many areas that Risk Management is involved in carry over into training and quality improvement. Situations such as needle sticks and exposures will require a review of the circumstances, and may require individual training to prevent reoccurrence.

Any areas of possible liability to the company will be forwarded to the Director of Operations. Any trends or areas of concern identified will be referred to the Training Department to develop an educational mechanism for correction.

Infection Control

All employees will be trained on exposure risks, and blood borne pathogens per OSHA requirements. All employees are issued personal protective equipment and required to use this equipment as applicable on patient contacts. Failure to use protective equipment as required may result in disciplinary action being taken. Replacement of any personal protective equipment is done through the Operations Department.

Any exposures that occur are reported to the Nursing Manager and Medical Director for evaluation and follow up. All requested and mandated paperwork will be forwarded to the appropriate County Agency representative. If there is a referral to a medical facility, that facility will provide all the necessary testing, treatment, and follow-up.

Safety Standards

Care Ambulance has strict safety standards for employees. The long-term health and well being of employees is one of the company's highest priorities. A safe work environment with proper training is an integral part of the career of an employee. Any concerns that an employee may have pertaining to safety can be forwarded to any management representative. The concern will be forwarded to the appropriate person for prompt investigation and correction. Management will follow up with the employee who reported their concern.

Employee Injury Reports

Employee injuries are handled similar to exposures. The employee is sent to a medical clinic or hospital that is contracted with the company. The medical facility provides all necessary treatment and follow-up.

Hazardous Materials Training

All employees receive hazardous materials training. This training is focused on awareness and safety. When dealing with hazardous materials, the responsibility of Care Ambulance employees is to notify the appropriate agency that is equipped and trained to handle the situation. Care Ambulance employees will prevent access to an area that may contain hazardous materials until arrival of the appropriate agency.

Medical Hazardous Waste Handling

Employees are trained in the proper handling of medical hazardous waste. Personal protective equipment is to be used at all times. All needles are to be placed immediately in the appropriate receptacle. All items containing blood or body fluids are to be disposed of in the appropriate containers. Any accidental exposures are to be reported as soon as possible so the necessary evaluation and care can be initiated.
The retrospective evaluation provides valuable insight to individual and overall system performance. The main drawback to retrospective evaluation is that all findings, positive or negative, are after the fact. The follow-up on issues may have a time delay. This may lead to employees not having complete recollection of events.

Retrospective evaluation is excellent for data collection and trend identification. Findings are then evaluated with adjustments made to the appropriate prospective and concurrent evaluation components to meet system needs.

The following are key areas of retrospective evaluations:

- **Current Indicators**
- **Chart Audits**
- **Base Station Tape Reviews**
- **Facility/Agency Visits**
- **Customer Complaint Follow-up**
- **Documentation of QI Interventions**
  a. Incident reports
  b. Target Corrective Measures by Employees
  c. Exceptional performance
- **Specialty Care Review of Sentential Events**
- **Advance Life Support of Sentential Events**
- **Quality Review Committee**
- **Program Review**

**CURRENT INDICATORS**

See Attachment 1B
For trending tools see attachment 1C
For tracking tools see attachment 1D
**CHART AUDITS**

The retrospective review of charts can be an excellent indicator of individual and overall system performance. Documentation is one of the most important aspects of field care. It is also one of the most overlooked areas of field care. All documentation should meet the established guidelines of the county and Title 22. The assessment of the patient should justify all of the interventions.

The retrospective review of charts should be a random process with the exception being those calls that have been previously identified for audit. Some examples of calls that may be deemed sentinel are:

- AMAs
- Cardiac Arrests
- Pediatric Trauma
- MCIs (six or more patients)
- AED Usage

There may be times when a specific type of call is going to be reviewed for a set period of time. This may be at the request of a management representative or it may be at the request of the Local EMS Agency or a hospital. Care Ambulance welcomes the opportunity to participate in audits of this nature. Through this sharing of information we provide the tools to change the system to meet the needs of the various customers.

Chart audit criteria:

- Date of Call
- Location of Call
- Unit #
- Crew Names
- Patient Information
- Relevant Times
- Chief Complaint
- Level of Consciousness
- Medical History, Medications, and Allergies
- Lung Sounds
- Skin Signs
- Appropriate Treatment
- Vital Signs at Appropriate Intervals

A representative from quality improvement or training may perform chart audits. There may also be times when field employees are requested to perform audits to gain their perspective. Should this be the case, these charts should have the crew names, unit number, and patient name and address removed. People selected to perform chart audits must fully understand the confidentiality of the quality improvement process.

All audits should be logged and maintained in a secured area. Tracking of audits will lead to trends being identified. These trends should be shared with the appropriate management representatives and the Local EMS Agency.

Exceptional performances should be recognized and considered as case presentations. These case presentations provide education for other field care providers.
BASE STATION TAPE REVIEWS

Presbyterian Intercommunity of Whittier is the assigned Base Hospital for Care Ambulance Service. The Prehospital Care Coordinator will contact the Care Ambulance Paramedic Coordinator to advise when tape review will be scheduled. The Paramedic Coordinator will schedule Care’s EMT-P’s for the reviews.

FACILITY/AGENCY VISITS

Routine facility visits are important to obtain the necessary feedback on the quality of care and service. These visits should be to all facilities and agencies that are in the service area. These valuable customers identify areas that require special attention. Examples might be how to properly access the facility, or where to pick up patient paperwork. This information can then be referred back to the appropriate company representative for dissemination to the field crews.

Facility visits may be done by any member of management and many times are done by an individual from the Marketing Department. Agency visits are predominantly done by representatives from Operations, Training, or Quality Improvement. As positives and negatives are discovered on visits it is imperative that all parties who have responsibility for that facility/agency are aware. This communication within the organization leads to a higher level of awareness and ensures appropriate follow up.

CUSTOMER COMPLAINT FOLLOW-UP

Concerns about the level of service may come from a variety of areas. They may be verbal or written, may come from a field crew, management representative, or the customer themselves. All service concerns are thoroughly investigated. The incident will be referred to the appropriate area for investigation within 24 hours. A management representative will make contact with the reporting party to advise them that the incident is being investigated. At the conclusion of the investigation the reporting party will be re-contacted within 72 hours, (if investigation is not concluded, an update will be given), with a resolution and closure of the incident.

All service concerns are kept on file to identify specific patterns. These patterns may reveal a facility, organizational, or individual problem. Corrective steps can then be taken to address the concerns.

DOCUMENTATION OF QI INTERVENTIONS

The documentation of QI interventions is a key component to the entire process. The system is only as good as each of its components. Without adequate documentation the entire system is compromised.

Incident Reports

Incident reports may be used for a variety of circumstances, and not only for negative situations. An incident report may be initiated to simply identify a situation that warrants attention. The report creates a “paper trail” that can allow a situation to be monitored and tracked. Below are some examples of when an incident report might be initiated:

- Unexpected Clinical Event
- Equipment Failure
- Delayed Response
- Protocol Variance
- Extenuating Circumstances
- Vehicle Accidents
- Customer Dissatisfaction
- Deviation of Destination Guidelines
- Exceptional Performance
Incident reports are normally routed through the Operations Manager. The Operations Manager will forward to Quality Improvement any situations with patient care implications. These may be positive or negative. The Quality Improvement Department will follow up as necessary. This follow-up includes the notification of appropriate individuals, both internal and external.

**Target Corrective Measures for Employees**

The management team of Care Ambulance has always taken immediate action to correct deficiencies in employee performance. Through this program, the level of correction is greatly enhanced. The Director of Operations, Paramedic Coordinator and Manager of Training will provide the initial educational opportunity for each field employee to improve his or her performance. If that fails to produce the desired behavior changes, supervision and management will take whatever actions are necessary to assure the quality of patient care provided by the organization.

Records kept on individual employees will allow a more objective measure of patient care performance, thus enhancing the employee appraisal system.

**Exceptional Performance**

Care Ambulance has exceptional performances on a regular basis. It is important that these exceptional performances be recognized and shared with others. To emphasize the significance of this requires that the performances be truly exceptional and not just good or above average. The recognition of these performances may come from a variety of sources such as patients, coworkers, other agency staff, hospitals, and citizens. Once a performance is recognized as exceptional any of the following may take place:

- Written Commendation
- Company Award
- Local media notification
- Notification of Local EMS Agency

A copy of the performance commendation will be placed in the employee's personnel file, and a copy given to the recipient. These exceptional performances are inspirational to everyone. They are proof that with a true commitment to quality and excellence, employees will be an example to each other of the high levels of service excellence we aspire to.

**Specialty Care Review of Sentential Events**

All sentinel events will be reviewed by the Specialty Nurse Manager. The Specialty Nurse Manager will forward the information to the QA/QI Manager for data entry. The Care Ambulance Medical Director will be advised of all sentinel events. See Attachment 1E for current sentential events.

**Advance Life Support of Sentential Events**

All sentinel events will be reviewed by the Paramedic Coordinator. The Paramedic Coordinator will forward the information to the QA/QI Manager for data entry. The Care Ambulance Medical Director will be advised of all sentinel events. See Attachment 1E for current sentential events.

**Basic Life Support of Sentential Events**

All sentinel events will be reviewed by the Specialty Nurse Manager. The Specialty Nurse Manager will forward the information to the QA/QI Manager for data entry. The Care Ambulance Medical Director will be advised of all sentinel events. See Attachment 1E for current sentential events.
The Quality Review Committee is a multi-disciplinary group that utilizes collective insight to evaluate system issues. The committee will meet a minimum of two times (or more as needed) a year and review audit findings/results regarding field care issues/acknowledge performance improvement, and develop action plans for deficiencies. The committee does not determine disciplinary action. The focus is to look at “global” system-wide issues. If field care is to be reviewed the employees who participated in the call are to remain anonymous. The committee will look at issues such as policies, procedures, protocols, equipment, skills performance and clinical indicators. The group can evaluate any issue at the request of appropriate individuals. To be effective there should be representation from management, the field and dispatch. This is the opportunity for employees to participate in the quality improvement process and truly make a difference. The committee acts as a resource to the Nursing Manager, Paramedic Coordinator, QA/QI Manager, Director of Operations, Medical Director, and Corporate Officers. QA/QI Manager will manage meeting minutes and a sign in sheet for every meeting.

The committee meeting may be composed of as few as two members of the committee or as many as the following:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr. Michael Martin</td>
<td>Medical Director</td>
<td>714-288-2800</td>
</tr>
<tr>
<td>Jeff Talmage</td>
<td>Training Manager</td>
<td>714-288-3818</td>
</tr>
<tr>
<td>Diane Baker</td>
<td>Nursing Manager</td>
<td>714-288-3822</td>
</tr>
<tr>
<td>Chris Wilson</td>
<td>Manager of QA/QI</td>
<td>714-288-3911</td>
</tr>
<tr>
<td>Bill Weston</td>
<td>Director of Operations</td>
<td>714-288-3823</td>
</tr>
<tr>
<td>Ben Baker</td>
<td>Director of Communications</td>
<td>714-288-3803</td>
</tr>
<tr>
<td>Care Ambulance</td>
<td>Division Managers</td>
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<tr>
<td>Care Ambulance</td>
<td>EMT’s</td>
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Quality Improvement Program Goals and Objectives

- Recognize, reward, and reinforce positive behavior.
- Define standards, evaluate methodologies and utilize the evaluation results for continued system improvement.
- Identify important aspects of care that affect patient outcomes and customer satisfaction.
- Establish performance standards and indicators related to these aspects of care.
- Establish thresholds for evaluation related to the indicators.
- Identify methods for data collection.
- Organize and collect data.
- Recognize, develop and enhance opportunities for improvement based on performance standards and thresholds.
- Take action to improve care.
- Assess the effectiveness of remedial actions and document improvement.
- Communicate relevant information among participating agencies.

Integration of the Technical Advisory Group (TAG)

The TAG assists in the implementation of the quality improvement plan/process and will meet on an ad hoc basis. A committee meeting may be composed of as few two members of the committee or as many as the following:

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<tr>
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<tbody>
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<td>Director of Operations</td>
<td>714-288-3823</td>
</tr>
<tr>
<td>Ben Baker</td>
<td>Director of Communications</td>
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<tr>
<td>Care Ambulance Paramedics</td>
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<tr>
<td>Care Ambulance EMT’s</td>
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<tr>
<td>Pre Hospital Care Coordinator</td>
<td>Base Hospital</td>
<td></td>
</tr>
<tr>
<td>Designated Rep</td>
<td>Receiving Hospital(s)</td>
<td></td>
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<tr>
<td>Designated Rep</td>
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This information will be integrated into Care Ambulance Service QI program and disseminated to the pertinent meetings, as well as the stakeholders. Stakeholders are encouraged to recognize improvement, communicate QI process concerns and suggestions, and to facilitate education as a result of the QI process.
PROGRAM REVIEW

The Quality Improvement Program will be reviewed on an annual basis. The QA/QI Manager will obtain feedback from the members of the Quality Review Committee, Nursing Manager, Paramedic Coordinator, Director of Operations, Medical Director, and the Corporate Officers. The QA/QI Manager will summarize the input from all participants and submit a report to the Corporate Officers and Medical Director. After review of this information, the Corporate Officers and Medical Director will make recommendations. The QA/QI Manager will be responsible for the implementation of any changes.

The annual review ensures program effectiveness with the dynamic component to change as needs change. This review will also provide direction for the coming year.
ATTACHMENT 1A
CARE AMBULANCE SERVICE QI DISSEMINATION CHART

Quality Review Committee

CEO

Medical Director

Director of Human Resources

LEMSA

State EMSA

Specialty Care Nurse Manager

Operations

QA/QI Manager

Communications

Paramedic Coordinator

CCT Staff

Training Manager

QA/QI Specialist

Dispatchers

Paramedics

FTO’s

EMT’s
**CARE AMBULANCE CORE QUALITY INDICATORS**

<table>
<thead>
<tr>
<th>Indicator Title</th>
<th>Pain Management Documentation on the Patient Care Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMSA Indicator Category</td>
<td>Clinical Care and Patient Outcomes</td>
</tr>
<tr>
<td>Objective</td>
<td>To measure the % of adult patients with a complaint of pain who receive an intervention to reduce pain while under the care of EMS personnel</td>
</tr>
<tr>
<td>Indicator reporting value</td>
<td>%</td>
</tr>
<tr>
<td>Frequency of data collection</td>
<td>Monthly and Quarterly</td>
</tr>
<tr>
<td>Display Format</td>
<td>Bar graph and excel spread sheet of data</td>
</tr>
<tr>
<td>Sampling</td>
<td>100% is done of patients with a complaint of pain.</td>
</tr>
<tr>
<td>Population Denominator</td>
<td>Total number of patients with a complaint of pain</td>
</tr>
<tr>
<td>Denominator Inclusion Criteria</td>
<td>All Patient Care Records with the documented complaint of pain</td>
</tr>
<tr>
<td>Denominator Data Source</td>
<td>Care Ambulance Patient Care Record</td>
</tr>
<tr>
<td>Population Numerator</td>
<td>All transports with proper documentation of Level of Distress, Pain scale, intervention performed and re-evaluation of pain scale</td>
</tr>
<tr>
<td>Numerator Inclusion Criteria</td>
<td>Compliant Patient Care Records</td>
</tr>
<tr>
<td>Numerator Data Source</td>
<td>Care Ambulance Patient Care Record</td>
</tr>
<tr>
<td>Description of Indicator Formula</td>
<td>Numerator divided by denominator x 100 = %</td>
</tr>
<tr>
<td>Indicator Exclusion Criteria</td>
<td>Patients &lt;15 years of age and Acute ALOC (change in baseline mental status)</td>
</tr>
<tr>
<td>Auditor</td>
<td>Manager of QA/QI</td>
</tr>
<tr>
<td>Validation/Rationale</td>
<td>Pain is a frequent symptom associated with a wide array of illnesses and injuries that is often under recognized and under treated by prehospital personnel. Pain management is an important part of providing compassionate care and improves patient satisfaction. Research has shown that utilization of an instrument to assess pain is associated with an increase in awareness and treatment of acute pain. Pain management utilizing pharmacologic and non-pharmacologic interventions has been demonstrated to be effective in reducing pain in the prehospital setting.</td>
</tr>
</tbody>
</table>
ATTACHMENT 1C
TRENDING ANALYSIS FOR QUALITY IMPROVEMENT

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Threshold</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
<th>Jul</th>
<th>Aug</th>
<th>Sep</th>
<th>Oct</th>
<th>Nov</th>
<th>Dec</th>
<th>4th QTR</th>
<th>Annual Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>90%</td>
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</table>

Analysis of Trended Data: 2019

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Compliant PCRs</th>
<th>Total PCRs Audited</th>
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Number of calls audited per Quarter

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Value</th>
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<tbody>
<tr>
<td>1st</td>
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<td>2nd</td>
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<td>3rd</td>
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<tr>
<td>4th</td>
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<tr>
<td>Total</td>
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</table>

Indicator Definition - Documentation of Name of Agency or Medical Facility Applying the Restraints

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Summary of Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>Summarized Findings</td>
</tr>
<tr>
<td></td>
<td>Trends Identified</td>
</tr>
<tr>
<td></td>
<td>Effectiveness of the Previous Corrective Action(s), when applicable</td>
</tr>
<tr>
<td></td>
<td>Corrective Action(s) required to improve (see legend below): 15 Discussed at Staff Meeting</td>
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<tr>
<td>2nd</td>
<td>Summarized Findings</td>
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<tr>
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<td>Trends Identified</td>
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<td>Effectiveness of the Previous Corrective Action(s), when applicable</td>
</tr>
<tr>
<td></td>
<td>Corrective Action(s) required to improve (see legend below): 15 Discussed at Staff Meeting</td>
</tr>
<tr>
<td>3rd</td>
<td>Summarized Findings</td>
</tr>
<tr>
<td></td>
<td>Trends Identified</td>
</tr>
<tr>
<td></td>
<td>Effectiveness of the Previous Corrective Action(s), when applicable</td>
</tr>
<tr>
<td></td>
<td>Corrective Action(s) required to improve (see legend below):</td>
</tr>
<tr>
<td>4th</td>
<td>Summarized Findings</td>
</tr>
<tr>
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<td>Trends Identified</td>
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<tr>
<td></td>
<td>Effectiveness of the Previous Corrective Action(s), when applicable</td>
</tr>
<tr>
<td></td>
<td>Corrective Action(s) required to improve (see legend below):</td>
</tr>
</tbody>
</table>

Legend:
1. No Action Required
2. Referred for 1:1 Education
3. Referred to QI Committee
4. Continuing Education Provided
5. Referred to Medical Director
6. Referred to Other Provider
7. Referred to Base Hospital
8. Referred to DHS
9. Referred to Administration
10. New Policy/Procedure Initiated
11. Study Initiated
12. Recognition of Improvement
13. Discussed at Base Hospital
15. Discussed at Staff Meeting
<table>
<thead>
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<th>Date</th>
<th>Problem/Issue Identified</th>
<th>Identifying Report Number</th>
<th>Process/Personnel Involved</th>
<th>Date &amp; Action Taken</th>
<th>Date of Resolution</th>
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</tr>
</tbody>
</table>

Actions Taken:

1. No Action Required
2. Referred for 1:1 Education
3. Referred to QI Committee
4. Continuing Education Provided
5. Referred to Medical Director
6. Referred to Other Provider
7. Referred to Base Hospital
8. Referred to DHS
9. Referred to Administration
10. New Policy/Procedure Initiated
11. Study Initiated
12. Recognition of Improvement
13. Discussed at Base Hospital
15. Discussed at Staff Meeting
ATTACHMENT 1E
ADVANCE LIFE SUPPORT OF SENTENTIAL EVENTS

- Patients who develop a new chief complaint while under the care of the EMT-P
- Diverting to a closer medical facility due to patient condition
- Malfunction of ALS equipment
- Medication error
- Protocol deviation or variance
- EMT-P having to initiate an ALS procedure that was not expected such as endotracheal intubation, defibrillation or cardioversion

All sentinel events will be reviewed by the Paramedic Coordinator. The Paramedic Coordinator will forward the information to the QA/QI Manager for data entry. The Care Ambulance Medical Director will be advised of all sentinel events.

BASIC LIFE SUPPORT OF SENTENTIAL EVENTS

All sentinel events will be reviewed by the Specialty Nurse Manager. The Specialty Nurse Manager will forward the information to the QA/QI Manager for data entry. The Care Ambulance Medical Director will be advised of all sentinel events.

- Use of Automatic Deliberator (AED)
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Headquarters
1517 W. Braden Court
Orange, California 92868

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fax 714.288.3889