PURPOSE: To monitor and evaluate the quality of prehospital care within Los Angeles County. The EMS Quality Improvement Program (EQIP) Committee(s) will review and make recommendations to the Medical Director concerning system prehospital emergency medical care.

AUTHORITY: California Code of Regulations, Title 22, Division 9, Chapter 12
Health and Safety Code Division 2.5
California Evidence Code, Section 1157
California Civil Code Part 2.6, Section 56

PRINCIPLE:

The proceedings of the EQIP Committees are confidential; any information received during these proceedings shall be considered confidential and/or privileged by the committees. Anyone providing any evidence or information to these committees shall be assured that the information is being received in confidence.

POLICY:

I. The EQIP Committees include the following:

A. Base Hospital/911 Provider Agency QI Committee
B. Private Non-911 Provider Agency QI Committee
C. Specialty Center QI Committees:
   1. Trauma System QI Committee (Ad Hoc)
   2. Trauma Hospital Advisory Committee-QI Subcommittee (THAC-QI)
   3. Trauma Hospital Regional QI Program
   4. STEMI Receiving Center Advisory Committee
   5. Pediatric Advisory Committee (PedAC)
   6. Stroke Advisory Committee

II. Committee member or designee responsibilities include:

A. Participate in scheduled QI committee meetings.
B. In collaboration with the Los Angeles EMS Agency, identify prehospital care issues, provide recommendations, develop a plan for improvement, and monitor results.

C. Develop and validate system QI indicators and/or studies.

D. Participate in systemwide data collection and reporting. Each QI Committee member shall submit data to the EMS Agency on systemwide indicators, when applicable.

E. Coordinate focused studies and compile data on selected issues.

III. QI Committee membership shall include, but is not limited to, the following representative(s) or designee(s):

A. Base Hospital/9-1-1 Provider Agency QI:
   1. EMS Agency Medical Director
   2. EMS Agency System QI Coordinator
   3. Designated EMS Agency staff
   4. Prehospital Care Coordinators from each Base Hospital
   5. Paramedic Coordinator and/or Fire Department Nurse Educator from each 9-1-1 Provider Agency
   6. Air Operations Provider Agency, ad hoc
   7. Emergency Medical Dispatch, ad hoc
   8. Ad hoc members, as needed

B. Private/Non-9-1-1 Provider Agency QI:
   1. EMS Agency Medical Director
   2. EMS Agency System QI Coordinator
   3. Designated EMS Agency staff
   4. QI Coordinator from Non 9-1-1 BLS/ALS/CCT provider agencies
   5. Representative(s) from approved Paramedic Training Programs
   6. Representative(s) from approved EMT Training Programs
   7. 9-1-1 Provider Agency member, ad hoc
   8. Emergency Medical Dispatch representative, ad hoc
9. Ad hoc members, as needed

C. Specialty Center QI – see applicable policies and bylaws:
   1. Trauma Program
   2. STEMI Advisory Committee
   3. PedAC
   4. Stroke Advisory Committee

IV. EQIP Committee Responsibilities:

A. The EQIP Committees shall meet quarterly unless otherwise specified by the EMS Agency Medical Director, policy, or committee bylaws.

B. The EMS Agency is responsible for arranging the meeting location, maintaining a membership attendance roster, meeting agenda, and recording/distributing meeting minutes.

C. Significant unresolved systems issues shall be forwarded, with written recommendations, to the EMS Agency Director and/or Medical Director for further review.

CROSS REFERENCES:

Prehospital Care Policy Manual:

Ref. No. 216, Pediatric Advisory Committee (PedAC)
Ref. No. 218, Trauma Hospital Advisory Committee (THAC)
Ref. No. 320, ST-Elevation Myocardial Infarction (STEMI) Receiving Center (SRC) Standards
Ref. No. 322, Stroke Receiving Center Standards
Ref. No. 620, EMS Quality Improvement Program
Ref. No. 620.1 EMS Quality Improvement Program Plan

LA County EMS Agency, Quality Improvement Plan