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*To ensure timely,
compassionate and quality
emergency and disaster
medical services.*



Health Services
<http://ems.dhs.lacounty.gov>

January 13, 2020

TO: All Public Provider Agency Paramedic Coordinators
All Public Provider Agency Nurse Educators

FROM: Marianne Gausche-Hill, MD
Medical Director

**SUBJECT: TREATMENT PROTOCOL SYSTEMWIDE QUALITY
IMPROVEMENT FALLOUT TRACKING**

The Public Provider Agency and Base Hospital EMS Quality Improvement (QI) Committee at the August 2019 meeting discussed the issues with sustainability of the current QI process for evaluating the implementation of the new Treatment Protocols (TP). The Committee recommended to convene a Task Force (sub-committee) to develop a new process that would allow for continuous systemwide evaluation and monitoring.

The Task Force recommended reducing the monthly volume of data collection by utilizing a statistically significant sample size, a similar process that was used in the Standing Field Treatment Protocol QI Program. Reducing the volume of data collection allows for timely education to be implemented when needed for performance improvement.

The new process will include evaluation of four (4) TPs and one (1) specific Provider Impression (PI) selected by the Task Force based on issues identified in the EMS QI Committee meetings. The Task Force will select new TPs and a PI each quarter for evaluation and systemwide reporting on a rotational basis. Reference 1373, TP QI Fallout Data Dictionary, will continue to be utilized in the evaluation process.

In addition to the rotational 4 TPs and PI, there will be continuous data collection and reporting on the following Provider Impressions (PI): Chest Pain – STEMI (CPMI), Non-Traumatic Cardiac Arrest (CANT), and Stroke/CVA/TIA (STRK), worksheets attached.

Attached are the QI Quarterly Data Reporting Tool and Patient Care Record (PCR) Review Worksheets for the following first quarter TPs:

- 1202, General Medical (specific to PI of weakness)
- 1204, Fever/Sepsis
- 1219, Allergy
- 1231-P, Seizure (Pediatric)
- 1237, Respiratory Distress

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Also attached is a table for determining the size or volume needed of randomly selected PCR's for each TP using a 95% confidence level. Provider agencies may choose to utilize the table for sample size or elect to evaluate 100% of that population.

It is important for the Emergency Medical Services (EMS) Agency to evaluate and monitor the effectiveness of the revised TPs systemwide; therefore, participation in the TP QI data collection/submission is mandatory. **The new QI process will begin January 1, 2020** (if you have not already done so, please ensure that the last quarter 2019 QI data utilizing the previous process and spreadsheet is submitted to the EMS Agency no later than January 31, 2020).

Each provider agency is required to submit this data on the QI Quarterly Data Reporting Tool thirty (30) days following the end of the quarter as outlined below:

- 1st quarter data (January 1 – March 31, 2020) is due April 30, 2020
- 2nd quarter data (April 1 – June 30, 2020) is due July 31, 2020
- 3rd quarter data (July 1– September 30, 2020) is due October 31, 2020
- 4th quarter data (October 1– December 31, 2020) is due January 31, 2021

Data should be submitted electronically to Gary Watson at gwatson@dhs.lacounty.gov and copied to John Telmos (jteltmos@dhs.lacounty.gov).

If you have any questions or concerns, please contact John Telmos, Chief Prehospital Operations, at (562) 378-1677 or Gary Watson, Prehospital Programs Coordinator at (562) 378-1679 or Susan Mori at (562) 378-1681.

MGH:JT:sm
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- c. Director, EMS Agency
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