

	<b>COUNTY OF SACRAMENTO</b> EMERGENCY MEDICAL SERVICES AGENCY	Document #	7602.04
	<u>PROGRAM DOCUMENT:</u>  <b>Quality Assurance Program</b>	Initial Date:	03/21/17
		Last Approval Date:	12/14/23
		Effective Date:	05/01/24
		Next Review Date:	12/01/25

\_\_\_\_\_  
Signature on File

EMS Medical Director

\_\_\_\_\_  
Signature on File

EMS Administrator

**Purpose:**

- A. The purpose of this policy is to describe the Quality Assurance Program (QAP), the responsibilities of Sacramento County Emergency Medical Services Agency (SCEMSA), the responsibilities of each emergency medical services (EMS) provider agency or service, and the incident review process. The primary goal of the SCEMSA Quality Assurance Program (QAP) is to ensure continued high quality patient care.

**Authority:**

- A. California Health and Safety Code, Division 2.5
- B. California Code of Regulations, Title 22, Division 9

**Legal Basis:**

- A. EMT Personnel:
  - 1. An employer of an emergency medical technician (EMT) may conduct investigations as necessary, and take disciplinary action against an EMT who is employed by that employer for conduct alleging or indicating the possibility of a threat to the public health and safety as listed in Division 2.5 of the Health and Safety Code, §1798.200. The employer shall notify the SCEMSA medical director within three (3) days when an allegation has been validated as a potential violation of one or more of the items listed under Division 2.5 of the Health and Safety Code (H&S), §1798.200.
  - 2. Each employer of an EMT employee shall notify the SCEMSA medical director when a violation of one (1) or more of the items listed under Division 2.5 of the H&S §1798.200 within three (3) days after the EMT is terminated or suspended for a disciplinary cause, the EMT resigns following notification of an impending investigation based upon evidence that would indicate the existence of a disciplinary cause, or the EMT is removed from EMT-related duties for a disciplinary cause after the completion of the employer's investigation.
  - 3. At the conclusion of an investigation, the employer of an EMT may develop and implement, in accordance with the guidelines for disciplinary orders, temporary suspensions, and conditions of probation adopted pursuant to H&S §1797.184, a disciplinary plan for the EMT. Upon adoption of the disciplinary plan, the employer shall submit that plan to SCEMSA within three (3) working days. The employer's disciplinary plan may include a recommendation that the SCEMSA medical director consider taking action against the holder's certificate.
- B. Paramedic Personnel:
  - 1. When information comes to the attention of the SCEMSA medical director that a paramedic license holder has committed any act or omission that appears to constitute grounds for disciplinary action under Division 2.5 of the H&S, §1798.200, the SCEMSA

medical director may evaluate the information to determine if there is reason to believe that disciplinary action may be necessary.

2. If the medical director refers the matter to the EMSA for further investigation and/or discipline of the paramedic license holder, the recommendation shall include all documentary evidence collected by the medical director in evaluating whether or not to make that referral. The recommendation and accompanying evidence shall be deemed in the nature of an investigative communication and be protected by §6254 of the Government Code. In deciding what level of disciplinary action is appropriate in the case, the authority shall consult with the SCEMSA medical director.

### **Reportable Incidents:**

Issues that contributed to a negative patient outcome and/or issues involving grossly inappropriate behavior by any involved personnel. Additionally, issues that may potentially be a threat to public health and safety but did not necessarily contribute to a negative patient outcome. Listed below are examples of potential incidents:

- A. Sentinel Events – A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. The phrase, "or the risk thereof" includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Such events are called "sentinel" because they signal the need for immediate investigation and response.
- B. Breach of the standard of care (i.e. failure to assess/act, patient abandonment).
- C. Medication errors – errors in drug choice, dosage and route.
- D. Treatment errors – procedural errors (e.g. unrecognized esophageal intubation), or errors in assessment/application of treatment guidelines that lead to treatment errors (e.g. medication given or procedure done when not warranted).
- E. Key equipment failure on a call directly related to the care of the patient.
- F. Care beyond the appropriate scope of practice.
- G. Failure to follow SCEMSA policy or protocol.
- H. Suspected violations of Division 2.5 H&S §1798.200.
- I. Any alleged or known injury to a patient as a result of actions by EMS personnel.

### **Incident Review:**

- A. Any individual or organization may refer an incident for QA review
- B. Responsible organization must review each referred incident through their QA program as directed by the organization's QA Policy, and implement a Performance Improvement Plan (PIP) when indicated by review.
- C. Responsible organization must provide feedback to referring party and involved individual(s) at the end of the QA review
- D. Disposition of QA review by Level:
  1. Level 1: (Be reported with the annual update of QIP):
    - a) Maintain records within the organization's QIP Program
  2. Level 2: (Be reported annually with QIP update):
    - a) Maintain records within the organization's QIP Program. Provide blinded quarterly aggregate data to the SCEMSA QI Committee on the number of cases and PIPs generated by the review
  3. Level 3: (When they occur and we wait to see providers outcome)
    - a) Maintain records within the organization's QIP Program
    - b) Notify SCEMSA within three (3) working days of the initial referral
    - c) Submit a completed review to SCEMSA for review and approval
  4. Level 4 (when they occur and SCEMSA gets involved).

- a) Maintain record within organization's QIP Program
- b) Follow employer review and action, with notification and involvement of SCEMSA and the SCEMSA Medical Director, as indicated by H&S §1798 et.al.
- c) Any patient care which may have occurred during the incident must also undergo QA/QI review and be reported to SCEMSA.

**Definitions of Incident Levels (SCEMSA can upgrade or downgrade):**

- 1. Level 1
  - a) Policy compliance or system issues that do not directly impact patient care
  - b) Disrupted communication with treatment in compliance with protocol
  - c) Examples include, but not limited to:
    - Destination facility not in compliance with destination policy (which does not impact patient care)
    - Communication or transport issues between responding agencies and
    - Documentation issues with a single or multiple responding medics
- 2. Level 2
  - a) Recurrent (more than 2) Level 1 incidents
  - b) Non-compliance with treatment protocols or policies with minimal potential for patient harm
 

Examples include, but not limited to:

    - Failure to give Aspirin (ASA) for chest pain
    - Giving Intravenous (IV fluids) when not indicated by protocol and
    - Failure to treat for pain
- 3. Level 3:
  - a) Recurrent (more than 2) Level 2 incidents
  - b) Non-compliance with treatment protocols or policies with potential for patient harm
  - c) Care rendered or ordered outside scope of practice as defined by SCEMSA policies and procedures:
 

Examples include, but not limited to

    - Failure to take Stroke, STEMI, Trauma, or Burn patient to appropriate designated hospital
    - Giving incorrect medication or incorrect dose of medication and
    - Failure to immobilize spine when indicated by protocol
  - d) If a provider places an individual on a PIP for level 3 medical errors or above, notification of the LEMSA shall occur.
- 4. Level 4:
  - a) Any incident which qualifies for review under H&S §1798 et.al.

**Policy:**

- A. Prehospital Personnel Responsibilities:
  - 1. Immediately report the above defined incidents to an on-duty provider agency supervisor.
  - 2. Immediately notify the RN or physician staff at the receiving facility if an error impacts or has a potential to impact patient health and well-being.
  - 3. Immediately notify the base hospital MICN and/or physician who directed the call regarding errors involving base/modified base hospital contact issues.
  - 4. Within twenty-four (24) hours of the incident, submit a written incident report to the provider agency supervisory personnel describing the details of the alleged incident.
  - 5. Reasonably cooperate with the investigation of the alleged incident.
- B. Prehospital Provider Agency Responsibilities:

1. If the prehospital provider agency is the reporting entity, the following procedures shall be followed:
    - a) Provide a written report of the incident and any other incident related materials (PCR, voice recordings, etc.) to the appropriate allied agency or hospital within three (3) working days of becoming aware of a reportable incident.
    - b) Provide reasonable and appropriate information to the investigating agency to assist them in completing their investigation.
  2. If the prehospital provider agency receives notification of a reportable incident from another entity, the following procedures shall be followed:
    - a) Acknowledge receipt of the incident to the reporting party within twenty-four (24) hours.
    - b) Conduct a thorough incident investigation.
    - c) Determine what action, if any, should be taken as a result of the findings of the investigative process. Such actions may include one or more of the following:
      - No action is necessary.
      - Remedial education.
      - Provider disciplinary action.
      - Referral to SCEMSA and/or the California EMS Authority for potential certification/licensure action.
      - Referral to SCEMSA for possible case review and/or policy/protocol revision.
    - d) Prehospital providers shall document the tracking and resolution of reportable incidents, using the SCEMSA Provider Case Review Form or similar. The SCEMSA Provider Case Review Tracking form shall be made available to SCEMSA for any incident that requires referral to SCEMSA for additional review/action.
    - e) Notification of resolution shall be provided to the reporting agency/person(s). This notification shall be in compliance with current employment and confidentiality laws and at a minimum will advise that the incident has been investigated, resolved and closed.
- C. Base/Receiving Hospital Responsibilities:
1. If the base/receiving hospital is the reporting entity, the following procedures shall be followed:
    - a) Provide a written report of the incident and any other incident related materials (patient outcome information, voice recordings, etc.) to the appropriate prehospital provider agency within three (3) working days of becoming aware of a reportable incident.
    - b) Provide reasonable and appropriate information to the investigating agency to assist them in completing their investigation.
  2. If the base/receiving hospital receives a concern/complaint from a prehospital provider that involves the EMS system, the following procedures shall be followed:
    - a) Conduct a thorough incident investigation.
    - b) Determine what action, if any, should be taken as a result of the findings of the investigative process. Such actions may include one or more of the following:
      - No action is necessary.
      - Remedial education.
      - Provider disciplinary action.
      - Referral to SCEMSA for possible case review and/or policy/protocol revision.

- c) Notification of resolution shall be provided to the reporting agency/person(s). This notification shall be in compliance with current employment and confidentiality laws and at a minimum will advise that the incident has been investigated, resolved and closed.
- D. Prehospital provider agencies and base/receiving hospitals shall report to SCEMSA in writing, any of the following within three (3) working days of the incident:
  1. Any action of certified/licensed prehospital care personnel which results in an apparent deficiency of medical care or constitutes a violation under §1798.200 of the H&S as listed below:
    - a) Fraud in the procurement of any certificate or license.
    - b) Gross negligence.
    - c) Repeated negligent acts.
    - d) Incompetence.
    - e) The commission of any fraudulent, dishonest, or corrupt act that is substantially related to the qualifications, functions, and duties of prehospital personnel.
    - f) Conviction of any crime which is substantially related to the qualifications, functions, and duties of prehospital personnel. The record of conviction or a certified copy of the record shall be conclusive evidence of the conviction.
    - g) Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this division or the regulations adopted by the authority pertaining to prehospital personnel.
    - h) Addiction to, the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
    - i) Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license or certification.
    - j) Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.
    - k) Unprofessional conduct exhibited by any of the following:
      - The mistreatment or physical abuse of any patient resulting from force in excess of what a reasonable and prudent person trained and acting in a similar capacity while engaged in the performance of his or her duties would use if confronted with a similar circumstance. Nothing in this section shall be deemed to prohibit an EMT, or Paramedic from assisting a peace officer, or a peace officer who is acting in the dual capacity of peace officer and EMT, or Paramedic, from using that force that is reasonably necessary to affect a lawful arrest or detention.
      - The failure to maintain confidentiality of patient medical information, except as disclosure is otherwise permitted or required by law.
      - The commission of any sexually related offense specified under §290 of the Penal Code.
  2. Sentinel Events.
  3. Any alleged or known injury to a patient as a result of actions or omissions by EMS personnel.
  4. Any incident believed to require SCEMSA notification/involvement or if the reporting entity is not satisfied with the provider's investigation and/or resolution of the incident.
- E. EMT employers shall notify the SCEMSA Medical Director within three (3) working days of the occurrence of any of following:
  1. The EMT is terminated or suspended for a disciplinary cause.

2. The EMT resigns or retires following notification of an impending investigation based upon evidence that would indicate the existence of a disciplinary cause.
  3. The EMT is removed from EMT– related duties for a disciplinary cause after the completion of the employer’s investigation.
- F. Paramedic employers shall report in writing to the SCEMSA Medical Director and the State EMS Authority within thirty (30) days, whenever any of the following actions are taken:
1. A paramedic is terminated or suspended for disciplinary cause or reason.
  2. A paramedic resigns following notice of an impending investigation based upon evidence indicating disciplinary cause or reason.
  3. A paramedic is removed from paramedic duties for disciplinary cause or reason following the completion of an internal investigation.

**Cross Reference:** PD# 7600 - Quality Improvement Program (QIP)  
Indicators  
SCEMSA Provider Case Tracking Form