

	COUNTY OF SACRAMENTO OFFICE OF EMERGENCY MEDICAL SERVICES	Document #	7601.06
	<u>PROGRAM DOCUMENT:</u> Quality Improvement Program- Technical Advisory Group (TAG)	Initial Date:	01/21/15
		Last Approved Date:	12/11/25
		Effective Date:	05/01/26
		Next Review Date:	12/01/27

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Signature on File

EMS Medical Director

EMS Administrator

Intent:

- A. To advise the Sacramento County Emergency Medical Service Agency (SCEMSA) Medical Director and SCEMSA Quality Improvement Committee (QIC) on system wide quality improvement (QI) related issues.
- B. To advise the SCEMSA Medical Director and SCEMSA QIC on system wide Performance Improvement Action Plans (PIP), and QI driven continuing education and training.

Authority:

- A. California Health and Safety Code, 2.5, Emergency Medical Services (EMS).
- B. California Code of Regulations, Title 22, Division 9, Prehospital Emergency Medical Services.

Membership:

- A. Every prehospital provider, educational program and hospital provider, must assign one (1) representative to serve on the TAG.

Attendance:

- A. Committee members are expected to attend all meetings.
- B. If unable to attend a meeting, a member is expected to notify SCEMSA in advance, in writing, and identify a replacement from their institution or agency to fill their position for that meeting.
- C. Any committee member resigning their position on the committee is responsible for having their facility or agency select a replacement, and for notifying SCEMSA, in writing, of the change in advance.

Policy:

- A. The SCEMSA Medical Director shall serve as the chairperson.
- B. The EMS QIP TAG will meet four (4) times a year, or at the discretion of the chairperson, to coincide with quarterly date reporting of indicators, and meetings will be scheduled the same day following the Medical Advisory Committee/Operational Advisory Committee (MAC/OAC) scheduled meeting. EMS receiving hospitals are strongly encouraged to participate in Quality Improvement Plan (QIP) Committees and in data collection.

- C. When specific input is required to complete QI activities, QI issues may be referred for review and feedback to SCEMSA system components which may include but are not limited to: advanced life support (ALS)/basic life support (BLS) provider agencies, receiving hospitals, Sacramento Regional Fire/EMS Communications Center (SRFECC), MAC/OAC, Trauma Review Committee (TRC), EMT/Paramedic training programs, or QIP designated ad-hoc sub-committees.
- D. Minutes will be kept by SCEMSA staff and available for review four (4) weeks prior to the next meeting.
- E. The responsibilities of the QIP TAG members include:
 - 1. Prepare and follow-up as appropriate for TAG meetings;
 - 2. Distribute the TAG meeting minutes to the represented group;
 - 3. Maintain responsibility for monitoring, collecting data on, reporting on, and evaluating state and locally required and optional EMS System indicators from the EMS providers and hospitals within the jurisdiction of the SCEMSA;
 - 4. Identify and develop SCEMSA specific indicators for system evaluation;
 - 5. Re-evaluate, expand upon, and improve local and state required EMS system indicators annually or as indicated;
 - 6. Prepare plans for improving the SCEMSA QIP program;
 - 7. Establish a mechanism to incorporate input from EMS provider advisory groups for the development of performance improvement plan templates;
 - 8. Facilitate the development of performance improvement action plans for system wide EMS issues;
 - 9. Seek and maintain relationships with all EMS participants.
- F. During meetings, the TAG will:
 - 1. Review technical aspects of data collection and management presented by the Data group;
 - 2. Review data from indicators when reported quarterly, annually, and for any specific QIP projects;
 - 3. Review, modify, delete, or add Emergency Medical Services Authority (EMSA) core and SCEMSA specific indicators as needed;
 - 4. Develop and review QIP reports to be shared with EMSA, and throughout the SCEMSA system;
 - 5. Develop performance improvement action plans for system wide QI issues when appropriate;
 - 6. Address any additional topics to fulfill the responsibilities of the committee.

Confidentiality:

Discussion of individual cases, documents and discussions of the TAG, are confidential and are covered under Sections 1040 and 1157.7 of the Evidence Code of the State of California. The prohibition relating to discovery of testimony provided to the TAG will be applicable to all proceedings and records of the committee, which is established by a local government agency to monitor, evaluate, and report on the necessity, quality, and the level of specialty health services, including prehospital medical and trauma care. Issues requiring

system input may be sent in total to the SCEMSA for input. Guests may be invited to discuss specific cases and issues in order to assist the committee in making final case or issue determinations. Guests may only be present for the portions of the meetings they have been requested to review and comment about. All members will sign a confidentiality agreement not to divulge or discuss information that would have been obtained solely through the TAG Committee membership. The Chairperson is responsible for explaining, and obtaining, a signed confidentiality agreement from invited guest(s) prior to their participation in the meeting.

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