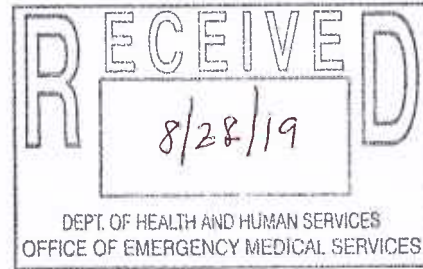


EMERGENCY MEDICAL SERVICES AUTHORITY

10901 GOLD CENTER DR., SUITE 400
RANCHO CORDOVA, CA 95670
(916) 322-4336 FAX (916) 324-2875



August 15, 2019

Dave Magnino, Administrator
Sacramento County EMS Agency
9616 Micron Ave, Ste 960
Sacramento, CA 95827

Dear Mr. Magnino:

After a review, the Emergency Medical Services Authority has determined that the Sacramento County EMS Agency Quality Improvement Program is in compliance with Title 22, Division 9, Chapter 12 EMS System Quality Improvement.

An update will be due 12 months from the date of this letter (August 15, 2019). If you have any questions regarding the plan review, please call Adam Davis, at (916) 322-4336, extension 409.

Sincerely,

A handwritten signature in blue ink, appearing to read "Tom McGinnis".

Tom McGinnis, EMT-P
EMS Systems Division Chief

TM:ad

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In accordance with State of California Title 22 – Division 9, Chapter 12, EMS System Quality Improvement.

Quality Improvement Program (QIP)

The QIP provides comprehensive evaluations of prehospital patient care. Participants include representatives in communications, public and private transportation, Emergency Medical Services (EMS) training, and hospital emergency medical care. The QIP identifies areas needing improvement, takes steps to correct deficiencies, and recognizes excellence in performance and delivery of care.

Description of Agency

Sacramento County Emergency Medical Services Agency (SCEMSA) is located at 9616 Micron Ave, Suite 960, Sacramento, CA and oversees the hospitals and emergency medical providers servicing the Sacramento County area. Sacramento does not hold any Exclusive Operating Area (EOA) agreements. We are an equal opportunity county and strive for equality and transparency within the Agency.

Providers within the Sacramento County EMS System include:

- Seventeen (17) approved prehospital EMS Providers
- Nine (9) hospitals including three (3) trauma centers
- Forty-two (42) Training Programs including Emergency Medical Technician, Paramedic, Mobile Intensive Care Nurse, Continuous Education and Title 22, Division 9, Chapter 1.5 Optional Scope program for naloxone administration by Law Enforcement First Responders.

2018 Overview

SCEMSA continues to work diligently to define consistent documentation standards and improve the quality and accuracy of data reporting capabilities to meet or exceed the State of California standards. With ten (10) different ePCR platforms in use, preliminary audits in 2017 revealed wide variations in documentation practices and technical gaps in the uploading and reporting of data to ICEMA. In 2017 SCEMSA began a “Quality Documentation Initiative” which established documentation lists in specific areas and defined practices focused on proper and consistent documentation for core measures data. In order to monitor documentation compliance and trend improvement, SCEMSA utilizes QI Audits and documentation dashboards in system monitoring.

2018 Update

The Technical Advisory Group (TAG) is the stakeholder group that advises the Quality Improvement Program (QIP). During 2018, the TAG identified deficiencies in the QIP and recommended changes to optimize data collection and documentation practices to provide the highest quality data.

TAG Developments / Focus 2017:

- Trauma Dashboards
- Primary Impressions Dashboard
- Increase in Prehospital Alerts
- Define Documentation Practices

TAG Developments / Focus 2018:

- Medications / Procedures / Hospital Codes
- Sepsis Dashboard
- STEMI Dashboards
- Stroke Dashboard

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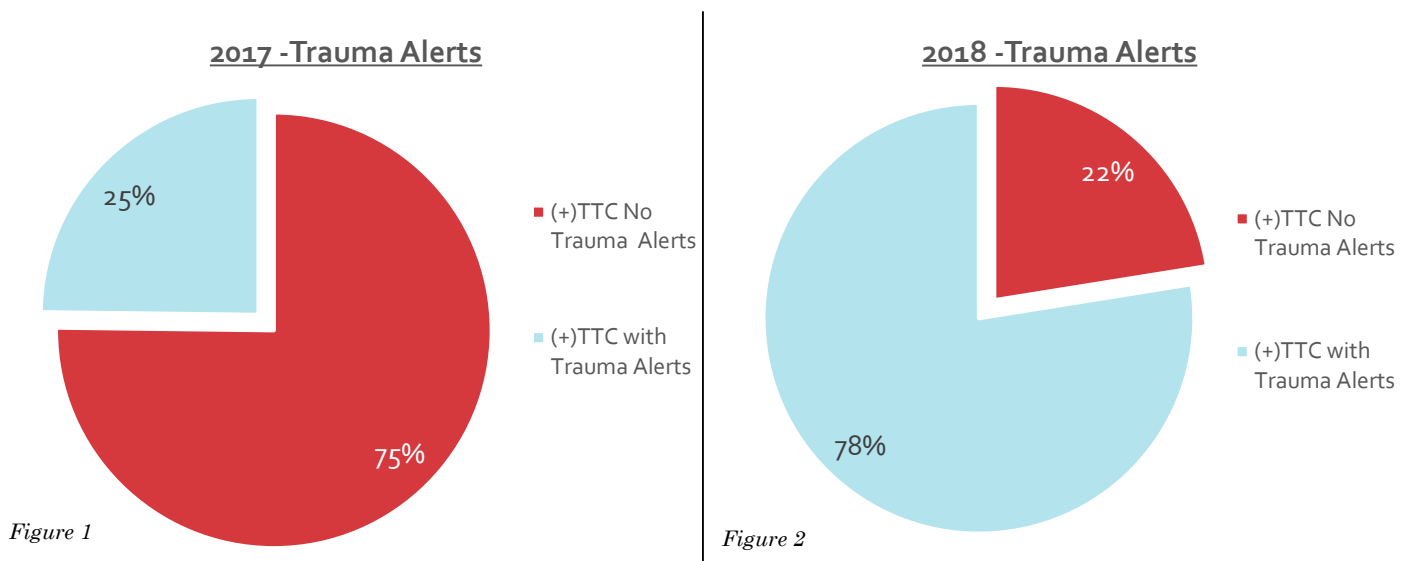
Medical and Operational Advisory Committee (MAC/OAC):

The MAC/OAC includes all system wide stakeholders and provides input on education, training, quality improvement, and data collection. Accomplishments in 2018 include:

- Addressing system challenges
- Emergency Department Diversion Policy
- Review and update of Policies
- Optional Scope Policy Reviews
- Implementation of Policies
- Education and training of new equipment

Trauma Care Dashboards:

Progress includes Prehospital Trauma Alert notifications in patients with positive Trauma Triage Criteria. Marked documentation improvement in 2018 is depicted below:

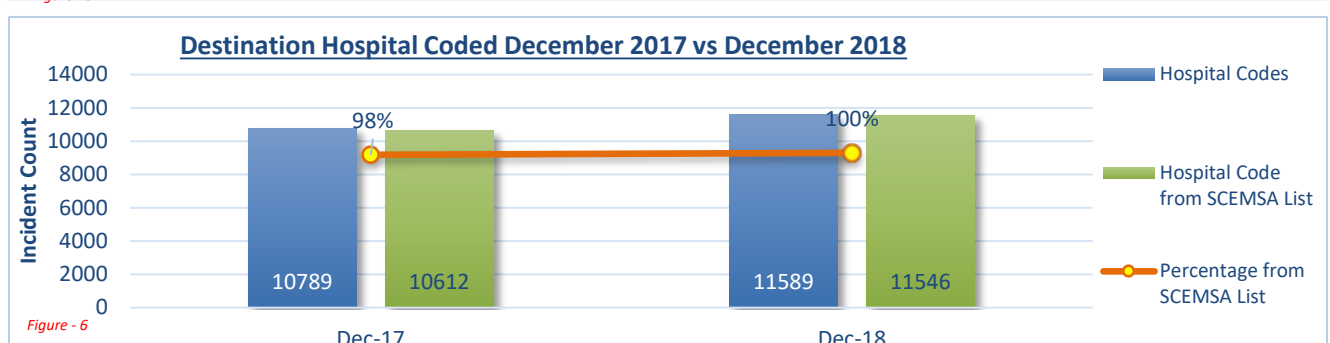
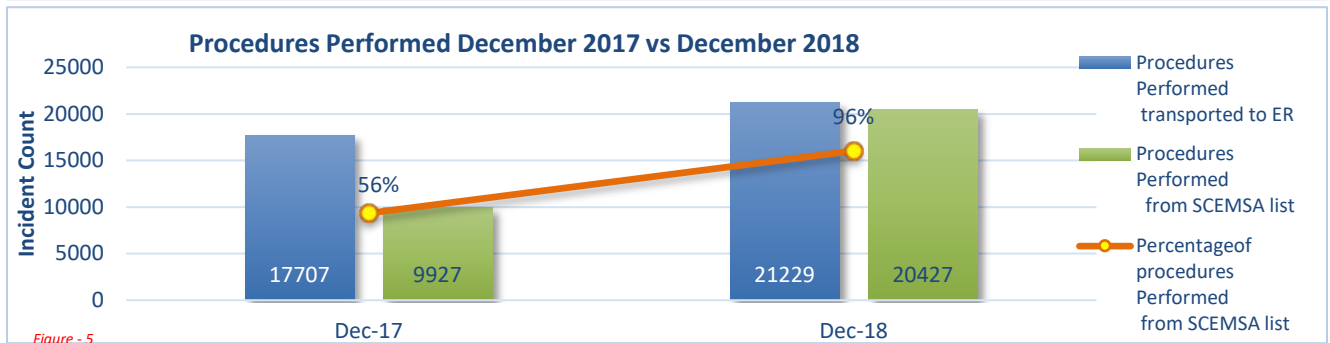
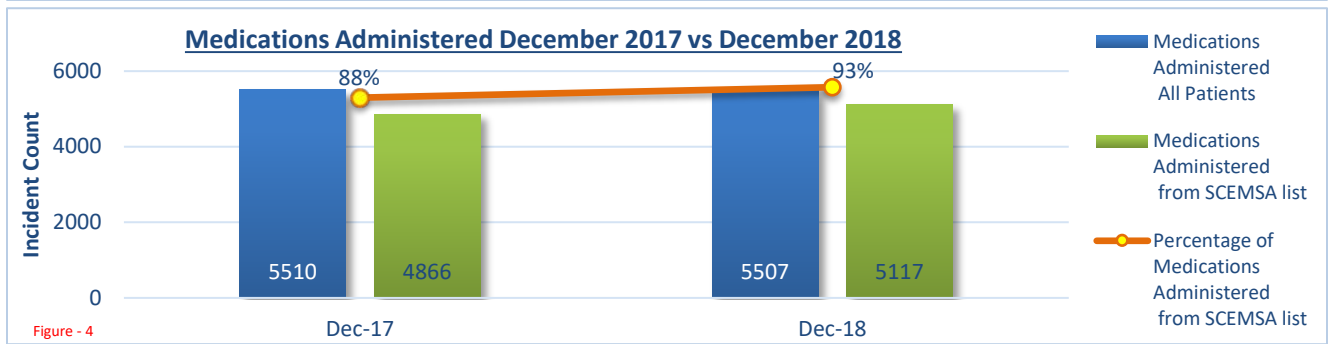
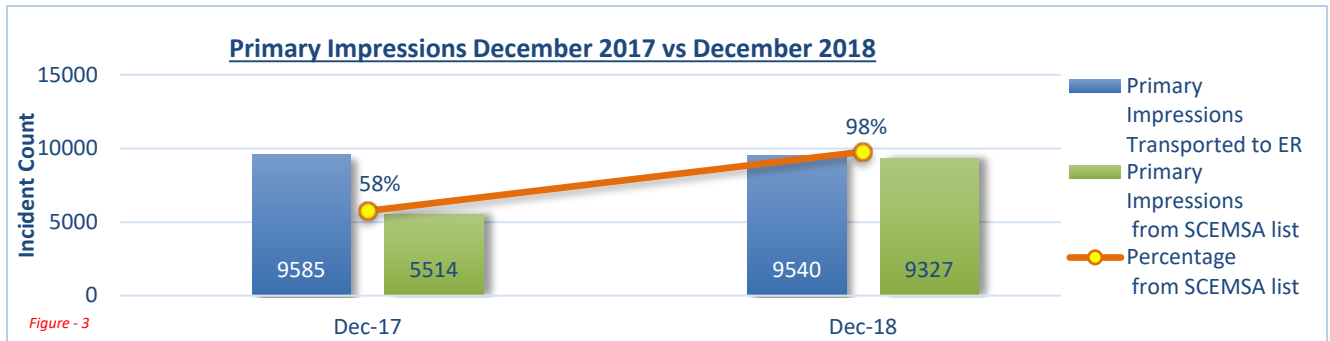


In 2017, prehospital providers documented 1,681 EMS incidents as positive trauma triage criteria. Of these, only 417 received a Trauma Alert notification. In 2018, prehospital providers documented 2,648 incidents as positive trauma triage criteria. Of these, 2,053 incidents received a Trauma Alert notification, representing a 393% increase in pre-alert notifications for trauma.

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Documentation Lists Dashboards:

Standards of Documentation established in January 2018 outline required elements for each EMS incident. The dashboards track primary impressions, destination facility codes, medications, procedures and elements of various categories pertinent to core measures. An example of the progress in documentation is illustrated in Figures 3-6 providing comparison between December 2017 and December 2018. The list provided to EMS providers as part of the documentation initiative narrowed the available Primary Impressions/ Medications / Procedures and included NEMSIS Hospital Codes. Improvement occurred in every category. In 2019, a Cardiac Arrest Dashboard will be added to the system.

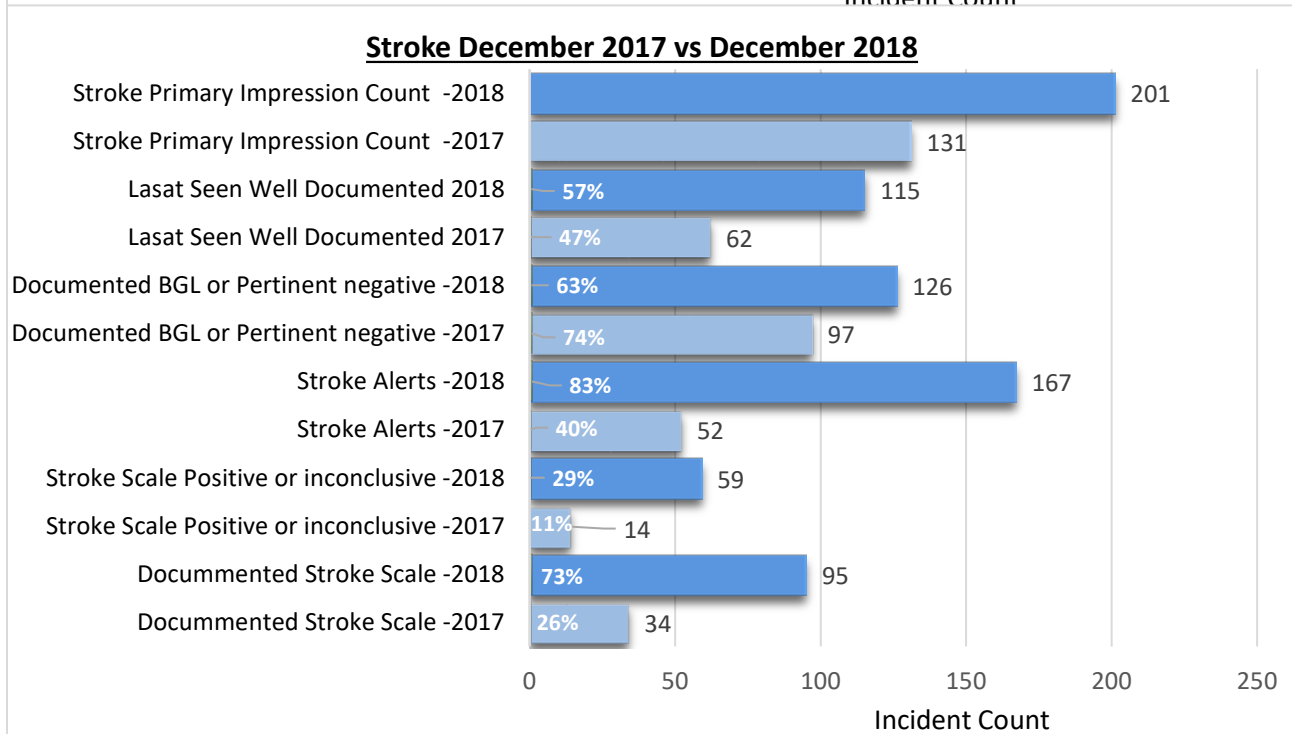
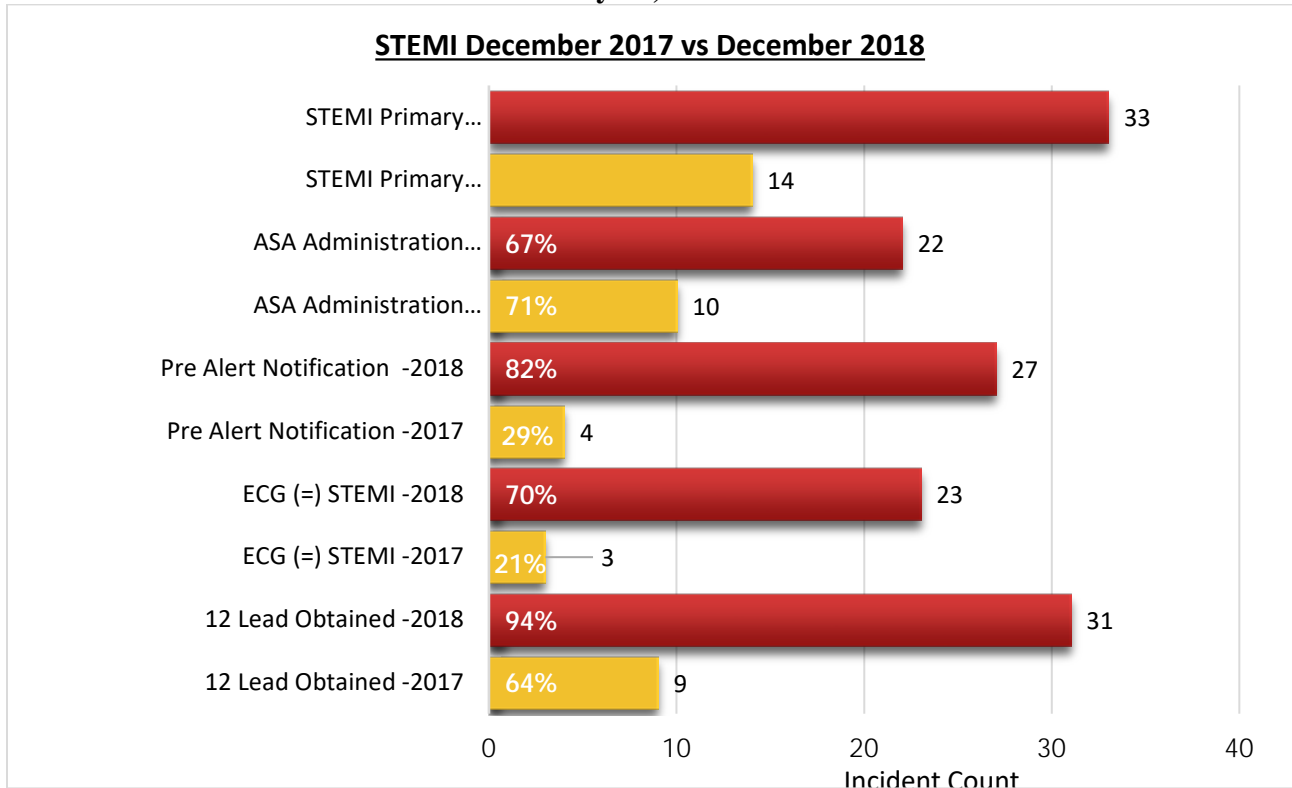


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Stroke and STEMI Documentation Dashboards:

The graphs below depict the improvement in documentation throughout the system when comparing December 2018 to December 2017. The increase in proper documentation enabled a better capture of STEMI and stroke incidents. In 2019, we will begin tracking ECG transmission to receiving hospitals for STEMI patients.

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Ambulance Patient Off-load Times (APOT)

During 2017, 911 Public Agencies documented 84,483 incidents to the emergency department (ED). In 2018, that number increased to 104,716 due to improvements made in documentation practices. APOT times became more consistent in 2018 when compared to the previous year as illustrated in *Figure 7 and 8*. In 2019, SCEMSA will merge the APOT for 911 Public Agencies and Private Agencies.

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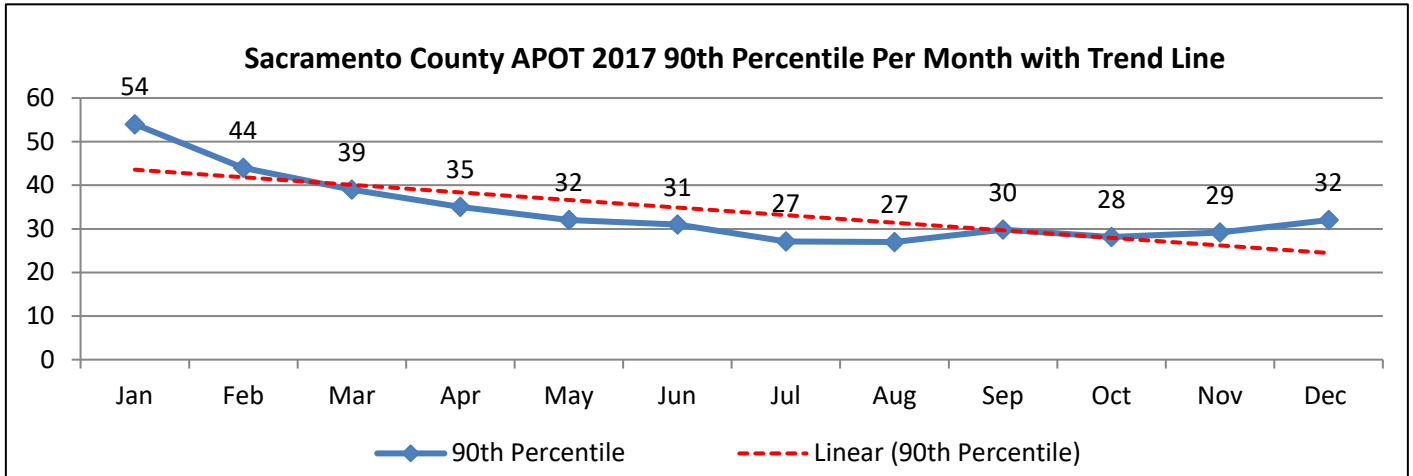


Figure 7

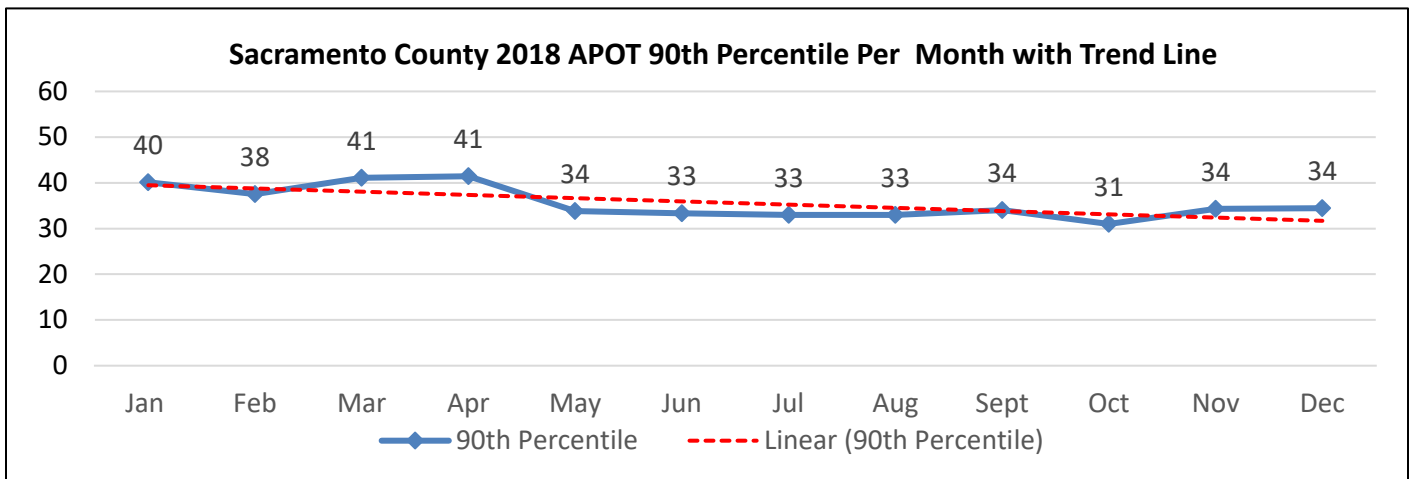


Figure 8

Law Enforcement Administration of Naloxone

SCEMSA continues to monitor the administration of naloxone. Actions include:

- Ensure law enforcement agencies train all officers in proper handling of naloxone
- Collect documentation and reports of incidents requiring naloxone administration
- Follow up with patient care report information to ensure proper documentation from EMS provider
- Provide feedback and continuous support to law enforcement

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2019 Plans

SCEMSA works diligently to improve reporting capabilities and provider accountability to meet or exceed the State of California standards while continuing to build relationships with EMS providers and hospitals throughout the region. Ongoing focus areas include education, training, proper documentation, monitoring of Core Measures performance indicators and feedback to stakeholders. SCEMSA is creating an Emergency Medical Advisory Group (EMAG) to collaborate with stakeholders to identify and address system needs, including planning, quality improvement and fiscal sustainability.