



Emergency Medical Services Agency Prehospital Care Manual **Policy 112**

PREHOSPITAL AUDIT COMMITTEE

Effective Date January 22, 2007
Replaces New

Resources

Health and Safety Code, Division 2.5, Sections 1797.204 and 1798
Evidence Code of the State of California, Sections 1040, 1157.5 and 1157.7

I. Purpose

To advise and assist the Santa Clara County EMS Agency to monitor and trend quality issues that are reported by the EMS system participants.

To discuss current trends and research in EMS care that have an impact on prehospital care.

To review information developed through the use of clinical indicators.

To use a multidisciplinary approach for issue resolution.

To promote Countywide standardization of the quality improvement process with an emphasis on education.

To provide timely feedback to all prehospital caregivers on issues and trends discussed by the committee.

II. Principles:

A. Scope of Review: Index Cases

The scope of review to be conducted by the Committee may include any patient encountered in the Prehospital system of Santa Clara County. The review may include but not be limited to the following:

1. Any clinical care issues reported to the County (Unusual Occurrence Reports).

2. Variations from protocol
3. Deviations from Scope of Practice
4. Medication errors
5. Complications of intubations
6. Variations from standards of care
7. Unusual, outstanding, issues with outstanding education potential.

B. Process of Review- Index Cases

Issues will be reviewed and graded according to the severity of patient and/or system impact.

Initial review will be performed by Pre-PAC and assigned one of the four levels.

The following levels will apply:

- Level A Reportable issue, low impact, low risk, trend only
- Level B Minor issue, low impact, low risk, trend only
- Level C Significant issue, possible system impact, medium to high risk, possible committee discussion, summary of discussion to personnel.
- Level D Very outstanding quality of care issue, meritorious issue or issue with highly unique educational potential

Pre-PAC will develop an interval bi-monthly report of QI activities. All issues shall be thoroughly investigated before presentation at the PAC Committee.

Any reported issue that appears to be solely an agency/employment issue will be referred back to the provider agency for resolution.

C. Process of Review- Clinical Indicators

The clinical indicator information will be presented using charts, graphs and other formats, at each PAC meeting to generate discussion, evaluation and potential solutions for any trends that are recognized.

The committee is expected to advise on systemic issues and/or trends to develop a system-wide approach to quality improvement.

The committee will be expected to develop information that will be disseminated to all personnel in the system based on identified issues.

The size of the committee may necessitate formation of smaller subcommittees for discussion of some issues and solutions.

Membership of these subcommittees will be on a voluntary basis.

IV. Membership of the Committee

- A. EMS Agency Medical Director
- B. Base Hospital Medical Director
- C. Base Hospital Nurse Coordinator
- D. One ED physician representative from MDAC
- E. One ED Nurse Manager representing ED Managers Committee
- F. One Trauma Medical Director.
- G. One Trauma Nurse Coordinator
- H. Physician Medical Directors from Provider Agencies
- I. CPAC Representative
- J. Field Paramedic Representatives (one public/one private)
- K. One representative from the EMS Section Chiefs of the County Fire Chiefs Association
- L. EOA Contractor QI Representative
- M. First Responder Agency Continuing Education Representative
- N. EMT representatives (one public/one private)
- O. One EMS Training Agency Representative
- P. LEMSA Staff
- Q. One representative from South Bay Emergency Medical Directors Association (SBEMDA)
- R. One Representative from each Air Medical Provider Agency
- S. Pediatric Physician Representative
- T. Paramedic Coordinator (one public/one private)
- U. BLS Coordinator (one public/one private)

V. Meetings

Meetings shall be bimonthly.

VI. Attendance

Members shall notify the chairperson of the committee in advance of the meeting if unable to attend.

Resignation from the committee shall be submitted to the EMS Medical Director in writing, and shall be effective on receipt

At the discretion of the PAC chairperson and/or County EMS, other invitees may participate in the medical audit review of cases where their expertise is essential to make appropriate determinations.

These invitees may include but are not limited to the following:

- A. Paramedic agency representatives (other than members)
- B. Law Enforcement
- C. EMTs
- D. Paramedics
- E. Nurses
- F. Physicians
- G. PSAP representatives
- H. Stroke System Representatives
- I. CCT-P Provider QI Representative

VII. Election of Officers

Committee officers shall consist of two co-chairpersons, one of which is a physician. Elections shall take place at the last meeting of the calendar year and officers shall assume duties at the first meeting of the next year.

Officers shall serve for a period of two years.

VIII. Voting

Occasional issues may require a voting process. These issues shall be identified as voting issues by the Chairperson. A simple majority will constitute a decision.

IX. Minutes

Minutes of all meetings will be kept by the EMS Agency, and distributed to the members at each meeting. Due to the confidential nature of the Committee, all minutes and materials will be collected at the end of each meeting. No copies of minutes or materials may be made or processed by members.

X. Confidentiality

- A. All proceedings, documents and discussions of the Prehospital Audit Committee are confidential, and thus protected from discovery under sections 1040, 1157.5 and 1157.7 of the Evidence Code of the State of California. This prohibition relating to the testimony provided to the committee shall be applicable to all of the proceedings and records of this committee, which is one established by a local government

agency as a professional standards review organization which is organized in a manner that makes available professional competence to monitor, evaluate and report on the necessity, quality and level of specialty health services, including but not limited to Prehospital care services.

- B. Guests may be invited to the Prehospital Audit Committee to discuss specific cases and issues in order to assist the committee to make final case or issue determinations. Guests may only be present for the portions of the meeting about which they have been requested to review or discuss.
- C. All members will be asked to sign a confidentiality agreement not to divulge or discuss information that would have been obtained solely through the Prehospital Audit Committee membership. Prior to the invited guests participating in the meeting, the Chairperson is responsible for explaining, and obtaining, a signed confidentiality agreement from the guest.