

# Contra Costa County Emergency Medical Services Quality Improvement Report Jan 2007-Dec 2007 Executive Summary

## Advisory Body

Contra Costa County Quality Improvement Committee

## Mission

Contra Costa EMS Quality Improvement’s mission is to ensure that quality emergency medical services are available for all people in Contra Costa County and that the medical care is consistent with best practices and evidence based medicine.

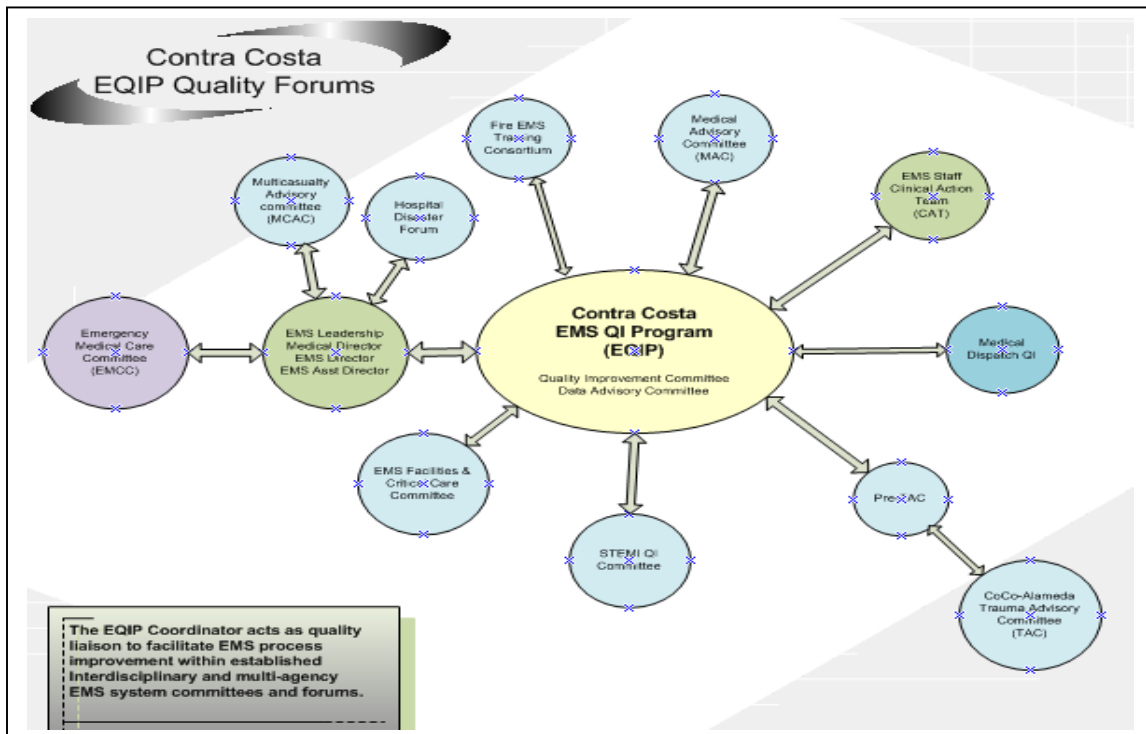
## Membership

Participation includes EMS Medical Director, QI Coordinator and EMS Staff assigned to clinical programs and representatives of BLS provider and first responder programs, Fire Districts with ALS and BLS programs: Medical Dispatch centers; Private ALS provider and Base Hospital and Trauma Center, Receiving Hospitals and Air Ambulance Providers. Currently Hospital, Private ALS and Dispatch QI participation is facilitated by appropriate EMS Staff who acts as QI liaison.

**Medical Director Oversight:** Joe Barger MD, EMS Medical Director

**Chair:** Patricia Frost PNP, EMS QI Coordinator

**EMS Clinical Program Coordinators:** Pam Dodson RN, Public Safety, Dispatch, Fire First Responder Programs, Judy Smith RN, Trauma Coordinator, Bruce Kenagy, EMT-P, Contract Compliance and Data Management



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## **Accomplishments**

- After an initial assessment of the Local EMS System QI resources and processes, goals and objectives were established to build a comprehensive Quality Improvement Program for Contra Costa County over the next 2-3 years.
- Six out of the eight 2007 QI Program goals were met with the remaining 2 goals substantially met.
- QI stakeholder participation increased from 3 agencies to 10 during 2007.
- Contra Costa County QI Plan revised and complete as of December 2007.
- Monthly QI meetings and activities re-established with active stakeholder participation
- Facility and Medical Advisory Committees QI partnership established June 2007
- Regular EMS system QI biannual reporting established July 2007
- Core Data Indicator report building in progress
- Data advisory subcommittee established to facilitate and support EMS system data management.
- Best Practice Patient Safety Reporting program (EMS Event Reporting) built and implementation begun
- Fire EMS Training Consortium Quality Partnership in effect facilitating Best Practice curriculum development incorporating field simulation training resources (METI man and pediatric ECS).
- Electronic Newsletter EMS Best Practices 6 issues published.
- Patient Safety Reporting system being utilized to determine and address root causes.
- Participation in State EMS-C pediatric indicator validation study May 2007
- EPCR data being utilized to support decision making on protocol and treatment guideline update and revision.
- Charcoal administration removed from county protocols based on patient safety and poor clinical efficacy for field administration July 2007.
- EPCR data being utilized to evaluate effectiveness of EMS field treatment and identify training issues.
- First Fire EMS Training Consortium Field provider needs assessment conducted Many 2007 and data used for curriculum planning.
- Paramedic patient safety reporting and field practice survey conducted and report compiled Dec 2007.
- EMS Virtual Advisor program established to improve input from EMS field personnel.
- 22 EMS QI data related QI studies conducted as of December 2007 assessing skills, patient satisfaction, medication utilization, treatment protocol compliance and patient safety.