



Emergency Medical Services Quality Improvement Plan Template

Submitted by

<Insert Your Provider or Agency Name>

<Date of Submission>

Instructions and Notes

1. *This EMS QI Plan Template is meant to guide you through the process of writing a QI Plan that meets the minimum requirements set by the State of California EMS Authority. Anyone wishing to exceed these requirements or to customize the QI Plan to your individual agency or department is encouraged to do so, as long as the minimum requirements are still met.*
2. *Although we understand that resources, both financial and personnel are scarce for some agencies, it is expected that all providers will be compliant with the California EMS Information System (CEMSIS) data standards. The goal is to be level III CEMSIS compliant to ensure standardization in the data collection processes.*
3. *For those agencies wishing to exceed CEMSIS compliance, or who wish to monitor an element not contained in CEMSIS, please look to the National EMS Information System (NEMSIS) Data Dictionary to see if the data element you wish to monitor is there. If it is not in either document, you may develop your own data element. If you do so, please contact the LEMSA and the California State EMS Authority so that the data element may be considered for inclusion in the CEMSIS data standards with the next version.*
4. *Submit one paper copy of your Emergency Medical Services (EMS) Quality Improvement (QI) Plan to ...by the appropriate deadline. In your cover letter, please include the contact name and e-mail address, and phone number of the QI Program contact person at your agency.*
5. *The Emergency Medical Services Quality Improvement Plan Template includes the minimum requirements of EMSA Title 22. The California EMS Authority requires that all Ambulance Provider Services, Base Hospitals/Alternate Base Stations, and Fire Departments that provide at least EMT-I level services meet the requirements by addressing detailed topics included in EMSA Quality Improvement Program Model Guidelines found at http://www.emsa.ca.gov/legislation/emsqi_guidelines.pdf.*
6. *Describe your current or planned approaches that respond to each item. If your current approaches are incomplete with respect to the item, work with your QI Team, Stakeholder Advisory Group (with makeup as described in Title 22 as Technical Advisory Group), or other appropriate person(s) to develop a complete approach that you intend to utilize, and describe it in the application. It is acceptable to describe your current approach and your planned future approach.*
7. *Responses to the items should be real and practical, not theoretical. In your responses, specify how your organization will meet the item requirement, on what timeframe, involving what participants (job title), and using what data.*
8. *If your organization has a QI Plan or other documents describing responses needed in your application, you may attach such documentation and identify page numbers and paragraphs that respond to questions in this QI Template.*
9. *Application length guideline: maximum 20 pages. This is not a “hard” rule, but a guideline. It is permissible to use diagrams, flowcharts, tables, other graphical depictions, and/or narrative descriptions.*
10. *The Table of Contents below will automatically insert pages numbers using the Word software style “Headings” in this document. If you change the Headings or style of font, the automatic feature will be disabled. To update your Table of Contents, place your cursor anywhere in the table below and press F9 on your computer. Select “Update entire table.” You may delete these italicized Instructions and Notes before you submit your application.*

Table of Contents

I. Structure and Organizational Description 4
II. Data Collection and Reporting 5
III. Evaluation of Indicators..... 6
IV. Action to Improve..... 7
V. Training and Education..... 8
VI. Annual Update..... 9

I. Structure and Organizational Description

- A. Describe your organizational structure, indicating your QI Program Coordinator, your Medical Director or designee (if you have one), and your internal QI structure (which may include your Medical Director or designee, QI Program Coordinator, and/or your Data Specialist). Internal QI structure may include one person or it may use an existing group in your agency/department, depending upon your agency/department's resources.
- B. Describe your agency/department's external participation in the EMS System's QI Processes (for example, participation on the LEMSA QI Technical Advisory Group). Existing groups may be used to fulfill the function of your agency/department's Technical Advisory group.
- C. Describe your organization's:
- Mission or purpose
 - Primary health care services/processes and associated standards/requirements
 - Important goals or objectives that might be specified in your strategic plan or another plan

This information should guide the remaining sections of this QI Plan and help the QI Plan reviewers understand your Plan. Please include an organization chart showing how the QI Program is integrated into the agency.

II. Data Collection and Reporting

- A. Identify the specific quality indicators that your organization measures or plans to measure, including indicators required by the ... EMS Agency. Organize your quality indicators under the following nine categories. *(Refer to the California State EMS System Quality Improvement Program Model Guidelines, Section II Data Collection and Reporting for guidance on how to select these indicators. Refer to Appendix E: Indicator Categories, for indicators relative to your role in the EMS system. Refer to Appendix M: Quality Improvement Sample Indicators, for assistance identifying the indicators that relate to your organization.)*
- (1) Personnel
 - (2) Equipment and Supplies
 - (3) Documentation
 - (4) Clinical Care and Patient Outcome
 - (5) Skills Maintenance/Competency
 - (6) Transportation/Facilities
 - (7) Public Education and Prevention
 - (8) Risk Management
 - (9) Other (if not applicable to any of the other eight categories)
- B. Describe the process used by your organization to select the above-listed indicators. *(Refer to Appendix F: Development of Standardized EMS Indicators, for guidance.)*
- C. Describe how, when, and who (job title) in your organization collects data on these indicators.
- D. Describe who (job title) in your organization receives reports on these indicators, on what schedule.

III. Evaluation of Indicators

- A. Describe how, how often, and who (job title) in your organization analyzes the quality indicators to enable rapid interpretation by the evaluators (Technical Advisory Group).

- B. Describe or give an example of the format for presentation of quality indicator analyses (described above) to the Technical Advisory Group. *(Refer to California State EMS Quality Improvement Program Model Guidelines Section III Evaluation of EMS System Indicators, Presentation Section, for possible formats.)*

- C. Describe how and when your Technical Advisory Group evaluates and makes decisions using the indicators and analyses described above.

IV. Action to Improve

- A. Describe your organization's current or planned standard approach to performance improvement. Include the steps and sequence for action planning to improve upon results in indicators described in the previous section. *(Refer to Appendix H: Models, I: PDSA, and J: Rapid Cycle Improvement for examples.)*

- B. Describe how and when the Technical Advisory Group, QI Team, and any Task Forces are involved in improvement action planning and implementation.

- C. Describe what activities, programs, and/or systems your agency/department has in place to communicate issues regarding QI activities to involved EMS stakeholders.

- D. Describe the strategic plan or planning process used to implement changes in your organization.

V. Training and Education

- A. Describe how, how often, and who (job title) in your organization selects and provides training and to EMS staff who deliver care to patients
- B. Describe how, how often, and who (job title) in your organization standardizes needed changes emanating from improvements in policies and procedures
- C. Describe how, how often, and who (job title) assures that staff successfully completes training and education required in your QI Plan.
- D. Describe the process used by your agency/department to incorporate training issues identified in the QI process into your training program.

VI. Annual Update

The Annual Update is a written account of the progress of an organization's activities as stated in the EMS QI Program. In compiling the Annual Update, refer to the previous year's update and work plan. Describe how, how often, and who (job title) in your organization evaluates the QI Plan (annually at minimum). Annual review/updates shall include the indicators monitored, key findings/priority issues identified, improvement action plan/plans for further action, and state whether goals were met. If goals were not met, what follow-up is needed, if any?

Description of agency

The description should include an organizational chart showing how the EMS QI Program is integrated into the organization.

Statement of EMS QI Program goals and objectives

Describe processes used in conducting quality improvement activities.
Were goals and objectives met?

List and define indicators utilized during the reporting year

- Define state and local indicators
- Define provider specific indicators
- Define methods to retrieve data from receiving hospitals regarding patient diagnoses and disposition
- Audit critical skills
- Identify issues for further system consideration
- Identify trending issues
- Create improvement action plans (what was done and what needs to be done)
- Describe issues that were resolved
- List opportunities for improvement and plans for next review cycle
- Describe continuing education and skill training provided as a result of Performance Improvement Plans
- Describe any revision of in-house policies
- Report to constituent groups
- Describe next year's work plan based on the results of the reporting year's indicator review

Sample Work Plan Template

Indicators Monitored	Key Findings/Priority Issues Identified	Improvement Action Plan Plans for Further Action	Were Goals Met? Is Follow-Up Needed?