SAN FRANCISCO EMERGENCY **MEDICAL SERVICES AGENCY**

QUALITY IMPROVEMENT PROGRAM
PUBLIC COMMENT NOVEMBER 2026

EFFECTIVE DATE: x/x/xx ***POLICY REFERENCE NO: 6000*** ***SUPERSEDES: 8/1/08***

1. PURPOSE

1.1. To establish standards of EMS patient care and to resolve identified problems through a systematic quality improvement (QI) program.

1.2. To define the minimum required elements of EMS Provider agency and Base Hospital QI plans.

2. EMS SYSTEM QI

2.1. The EMS Agency (EMSA) will develop a QI Program in accordance with state EMS Authority requirements and EMS QI Program Model Guidelines.

2.2. EMSA will collaborate with system stakeholders to develop clinical care indicators used to monitor the San Francisco EMS System.

2.3. EMSA shall analyze EMS System quality indicators based upon either CEMSIS data elements, Computer Aided Dispatch (CAD) data, or any other data source deemed relevant by e EMSA.

2.3.1. The EMSA Medical Director shall report the results of EMSA quality indicator analysis to the pertinent EMS QI Subcommittee listed in **Policy #1010 (Advisory Committees).**

2.4. Clinical acts or system issues that constitute a threat to public health and safety or integrity of the EMS System shall be reported through the EMSA Incident Reporting process in **Policy #6020 (Incident Reporting).**

2.5. The Medical Director may require prehospital personnel as a condition of reaccreditation or recertification to participate in any prehospital clinical training conducted by the Base Hospital that has been recommended through the EMS System quality indicator analysis.

3. Quality And System Improvement

3.1. When EMSA identifies an opportunity for quality and system improvement for either an EMS provider agency, receiving general acute care hospital (GACH), or the EMS system at large, EMSA shall develop steps to address the identified concerns to contain:

3.1.1. Information on the identified concerns, gap, or opportunity for improvement

3.1.2. Course of action to be taken to achieve a desired outcome, as set by EMSA in consultation with partners

3.1.3. A timeline for concerns to be addressed and clear deliverables

3.1.4. And the subsequent actions that will be taken should the EMS provider agency, GACH, or EMS system at large meets or fails to address the concern, gap, or opportunity for improvement.

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4. QI PLANS

4.1. Each approved EMS provider agency and the Base Hospital shall develop, and submit a QI Plan to EMSA for approval. All QI Plans shall meet the requirements of Title 22 Division 9 Chapter 10 and should address but are not limited to the following:

- **4.1.1.** Personnel
- **4.1.2.** Equipment and Supplies
- **4.1.3.** Documentation
- **4.1.4.** Clinical Care and Patient Outcome
- **4.1.5.** Skills Maintenance/Competency
- **4.1.6.** Transportation/Facilities
- **4.1.7.** Public Education and Prevention
- **4.1.8.** Risk Management
- **4.1.9.** Quality indicators defined by regulation and those indicators unique to San Francisco

4.2. EMS provider agencies and the Base Hospital must develop internal policies requiring participation in the QI process, including remediation, with provisions for disciplinary action for non-compliance.

4.3. EMS provider agencies must participate in the QI committee part (see **Policy #1010 Advisory Committees**). After the submission of the initial QI Plan all EMS provider agencies and the Base Hospital must submit an annual update to EMSA of its QI program.

4.4. Annual updates shall highlight EMS provider agency QI plans for the upcoming year to EMSA detailing QI and training activity and include analysis of quality indicators.

4.5. QI Plans are to be updated and resubmitted to EMSA at least once every 5 years, though early plan submissions will be accepted as an annual update.

4.6. Records of QI activity, including individual employee records, must be stored in a secured environment with access limited to QI and management personnel only

- **4.6.1.** Records must be available to EMSA for review:
  - **4.6.1.1.** During site evaluations
  - **4.6.1.2.** As part of an investigation
  - **4.6.1.3.** As determined by the EMSA Medical Director with advanced notice.

5. AUTHORITY

5.1. California Health and Safety Code, Division 2.5, Sections 1797.10, 1797.107, 1797.174, 1797.176, 1797.204, 1797.220, and 1798

5.2. California Code of Regulations, Title 22, Division 9, Chapter 10

SAN FRANCISCO EMERGENCY MEDICAL SERVICES AGENCY

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QUALITY IMPROVEMENT PROGRAM

I. PURPOSE

A. The purpose of this policy is to maintain an effective method for monitoring and evaluating patient care.
B. To define the local EMS System data collection and utilization.
C. To establish standards of patient care and to resolve identified problems through a systematic quality improvement (QI) program.
D. To define the minimum required elements of provider QI plans.

II. AUTHORITY

A. California Health and Safety Code, Division 2.5, Sections 1797.10, 1797.107, 1797.174, 1797.176, 1797.204, 1797.220, and 1798
B. California Code of Regulations, Title 22, Division 9, Chapter 12, Sections 100147, 100400, 100401, 100402, 1004003, 1004004, and 1004005.

III. REFERENCE

A. EMSA #163 EMS System Quality Improvement Indicators (Appendix M)
B. EMSA #166 EMS System Quality Improvement Guidelines

IV. EMS SYSTEM QI

A. The EMS Agency will develop a Quality Improvement Program in accordance with EMS Authority requirements and EMS QI Program Model Guidelines.
B. The EMS Agency shall use the EMS System Quality Indicators to evaluate quality of prehospital care in the San Francisco EMS System.
    1. The EMS System Quality Indicators consist of variables collected in the Local EMS Information System (LEMSIS Policy 6020).
    2. The EMS System providers shall collect, compile and submit LEMSIS data elements pursuant to the LEMSIS policy.
    3. The EMS Agency shall manage the LEMSIS data repository and its elements.
C. The EMS Agency shall analyze the EMS System quality indicators based upon the data elements collected in the LEMSIS data repository.
    1. The EMS Agency Medical Director shall report the results of the EMS Agency quality indicator analysis to the Emergency Medical Services Advisory Committee.

D. Clinical acts or system issues that constitute a threat to public health and safety or integrity of the EMS System shall be reported through the EMS Agency Incident Reporting process in Policy 6020.

E. When the EMS Agency identifies performance improvement needs, the Agency will develop performance improvement plans in cooperation with appropriate provider agencies.

F. The Medical Director may require prehospital personnel as a condition of reaccredidation or recertification to participate in any prehospital clinical training conducted by the Base Hospital that has been recommended through the EMS System quality indicator analysis.

G. The continuous process of data collection, evaluation and analysis using the LEMSIS data repository and the EMS System quality indicators as described above is the foundation for improving the quality of care in the San Francisco EMS System.

V. BASE HOSPITAL QI PROGRAM

A. The Base Hospital shall be the primary training component of the EMS system QI program as described in Policy 5011, Sections III, D, and E.

VI. PROVIDER QI PROGRAMS

A. Each approved EMS provider shall develop, and submit to the EMS Agency for approval, a comprehensive Quality Improvement Plan meeting the requirements of 22 CCR 100402 and which address but are not limited to the following:

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. Quality indicators defined by EMSA regulation and those indicators unique to San Francisco and defined in the LEMSIS policy.

B. Providers will develop internal policies requiring participation in the QI process, including remediation, with provisions for disciplinary action for non-compliance.

C. Providers will participate in the QI activities of the LEMSIS Steering Group (refer to Policy 6010) for the purpose of conducting audits of prehospital audio communications and patient care records to evaluate outcomes and system performance in order to identify opportunities for improvement.

D. Providers will conduct an annual review of the QI program and revise the written plan for the upcoming year as necessary to meet performance objectives.

E. Providers will submit a report of the annual review and plan for the upcoming year to the EMS Agency detailing: QI and training activity to include analysis of quality indicators, any formal remediation and disciplinary actions taken in accordance with the Incident Reporting policy.

~~F. Records of QI activity, including individual employee records, must be stored in a secured environment with access limited to QI and management personnel only~~

~~1. Records must be available to the EMS Agency for review:~~

~~a) During site evaluations~~

~~b) As part of an investigation~~

~~c) As determined by the EMS Medical Director with advanced notice.~~