

**7703****Continuous Quality Improvement Module****Administrative Policy**Last Reviewed: **October 4, 2022**Last Revised: **December 1, 2023****PURPOSE**

To define the standards and requirements for design and use of the Continuous Quality Improvement (CQI) module embedded within the Riverside EMS Information System (REMSIS) Elite ePCR system. The CQI module will be used by all EMS providers and Riverside county Base Hospitals (BH) to allow for concurrent, and retrospective, data analysis in accordance with REMSA policy #7701 (Patient Care Records).

Definitions

Agency Administrator: CQI Coordinator, or individual in a leadership role, that monitors CQI activities within an agency.

Base Hospital CQI group: A permission group that allows Paramedic Liaison Nurses from Riverside county BHs to conduct CQI activities on pre-defined and agreed upon categories of incidents where a patient was transported to their hospital or they were utilized as a BH for online medical direction.

CQI Category: Grouped incidents that share specific characteristics based on predefined criteria. Criteria can include disease etiology, injury patterns, etc. and will be defined as indicators in any REMSA based CQI plan.

CQI Rule: A functionality within the REMSIS CQI module that allows the end user to determine if expected documentation needs are met based on specific, predefined criteria. This is accomplished through logic statements (i.e.: "if... then... else...") and can be developed for Patient Level care or individual / agency performance. This will be attached to any CQI category or indicator defined in a REMSA based CQI plan.

CQI Question: A question defined by the end user that fits any format of answer (i.e.: Numeric, Alphanumeric, Textbox, Single Select, Multi-select, and decimal). These questions, once answered, can be used to create observational feedback that can be used for loop closure, targeted education, and/or aggregated data for system metrics.

Inbox / Message: An 1157-compliant messaging utility available to all ImageTrend Elite users to receive messages contained within the REMSIS system specifically for the purposes of CQI feedback. These are to be regularly reviewed and acknowledged by both CQI personnel and providers.

Individual Level Measure: A CQI rule defined to measure individual / agency performance within a two-tiered EMS response system. This measure can be based on provider, or operational, documentation regardless of patient care.

Patient Level Measure: A CQI rule defined to measure and validate patient level care within a two-tiered EMS response system. This type of measure is used to evaluate the care that a patient receives from multiple EMS participants during a single incident.

Provider – Peer Review: A permission group that allows select personnel, usually a training officer or other qualified provider, to conduct concurrent and /or retrospective CQI activities. Peer review permissions will be based on already established categories of review.

REMSA CQI Staff: A permission group comprised of REMSA personnel that are tasked with monitoring concurrent and retrospective CQI activities within the REMSIS Elite System.

Naming Convention

The CQI Module contained within REMSIS will adopt a unified naming convention. This will allow for ease of navigation and assist with overall aggregation, and subsequent reporting activities, on system wide CQI activities which may include optional agency based CQI categories.

1. CQI Category names will follow the naming convention used in the California Core Measures. This will begin with the numerical year followed by the name of indicator and finally the number location where the measure falls in the REMSA CQI Plan. The description of the category will be contained within the entire title, measure and description as defined by the CQI Plan Indicator sheet.
 - a. Ex: 2021 – Tra-1
 - b. Once indicators have been retired, either by CQI Plan revision or CQILT directive, the category will be inactivated – *but not deleted* – within the system.
 - c. Once the calendar year has ended, that specific category will be retired. If the indicator is to be continued during the following calendar year, it will be copied and renamed to reflect the current calendar.
 - i. Ex: On 01/01/2022, 2021 – Tra-1 would become 2022 – Tra-1
2. CQI Category questions will include: Prefix of category name that the question relates to.
 - a. Ex: RhCAR – Was the RHeaRT medication Protocol used?
 - b. Once questions have been retired, either by CQI Plan revision or CQILT directive, the questions will be inactivated – *but not deleted* – within the system.

REMSA Responsibilities

Concurrent

1. Development of REMSIS CQI rules consistent with REMSA CQI Indicators for system participation.
2. Development of REMSIS CQI categories consistent with REMSA CQI plan for system participation.
3. REMSIS CQI module monitoring and compliance reporting to providers.
4. Assist ALS / BLS providers with additional optional CQI category and rule development as needed.

Retrospective

1. Overall reporting of data metrics regarding CQI categories and measures related to Indicators contained in the REMSA CQI plan.
2. Development of education initiatives.
3. Data and metrics development for stakeholder groups (CQILT & PMAC) and specialty care committees.

ALS & BLS Provider Responsibilities

Concurrent

1. Participate in, and comply with, all REMSIS based categories according to REMSA CQI plan indicators.
2. Develop as needed optional agency level CQI categories outside of the REMSA CQI plan for additional monitoring.
3. Participate in CQI module monitoring and compliance reporting to REMSA.
 - a. These activities will not replace already established practices for concurrent direct observation such as Field Training Programs and/or new hire orientation activities.

Retrospective

1. Provide feedback to the respective advisory committees regarding data and metric development.
2. Receive and execute education initiatives developed by REMSA.
3. Provide feedback and assistance with development of education initiatives.

Base Hospitals Responsibilities

Base hospitals will conduct CQI activities contained within REMSIS in accordance with REMSA CQI Plan indicators and their own base hospital CQI plan indicators as defined by [22 CCR § 100403](#).

Concurrent

1. In accordance with REMSA and base hospital CQI plans, conduct CQI reviews of predefined REMSIS CQI categories.
2. Collaborate in education initiatives created by REMSA that concerns any prehospital provider agency.
3. Use existing Inbox messaging utility to contact EMS coordinators for all CQI related feedback and communication.
4. Through respective committee participation, provide feedback on data metrics and/or reported data.

Retrospective

1. Within respective advisory committees, provide feedback regarding data and metric development.
2. Receive and execute education initiatives developed by REMSA.
3. Provide feedback and assist with development of REMSA initiated education programs.

Feedback and Loop closure

Each individual agency's respective CQI plan will dictate the procedures to be followed while using the CQI module within the REMSIS Elite platform.