QUALITY IMPROVEMENT RESPONSIBILITIES - BASE HOSPITALS

1. Prospective

1.1 Participation on the Receiving Hospital Committee

1.2 Education

1.2.1 Continuing Education activities that are consistent with regulations (Title 22, Chapter 2 and 4).
1.2.2 Offer educational programs based on problem identification and trend analysis.
1.2.3 Facilitate educational opportunities to include didactic, web-based or skills for prehospital care providers.
1.2.4 Establish procedures for informing Base Hospital personnel of system changes.
1.2.5 Establish criteria for offering supervised clinical experience to paramedics.

1.3 Evaluation - Develop criteria to evaluate the Base Hospital Physician (BHP) to include, but not limited to:

1.3.1 Evaluation of new employees
1.3.2 Routine calls – tape and written record
1.3.3 Problem oriented calls
1.3.4 Design standardized corrective action plans for individual Base Hospital Physician deficiencies.

1.4 Authorization/Training - establish procedures, based on Alameda County policies, for Base Hospital Physicians regarding:

1.4.1 Initial authorization
1.4.2 Maintaining authorization
1.4.3 Training and orientation

2. Concurrent Activities

2.1 Provide on-line medical control for paramedics within the Alameda County approved scope of practice.
2.2 Develop a procedure for identifying problem calls.
2.3 Develop internal policies regarding Base Physician involvement in medical control according to Alameda County policies and procedures.
2.4 Develop performance standards for evaluating the quality of on-line medical control delivered by the BHPs through tape reviews by the ALS Liaison physician.
2.5 Provide 60 hours/year of didactic or other educational experiences (case review preparation, EMS Journal Club, etc.) for ALS/BLS personnel.
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3.  Retrospective analysis

3.1  Develop a process for retrospective analysis of field care and base direction utilizing the BHP record, audio tape, PCR and/or patient follow-up, to include but not limited to:
   3.1.1 High-risk
   3.1.2 High-volume
   3.1.3 Problem-oriented calls
   3.1.4 Those calls requested to be reviewed by EMS or other appropriate agency
   3.1.5 Specific audit topics established through the Quality Council as reported by EMS.

3.2  Perform audits on all calls required by Title 22.
3.3  Develop performance standards for evaluating the quality of medical direction delivered by the BHPs through retrospective analysis.
3.4  Participate in the Unusual Occurrence Process according to policy #2300.
3.5  Comply with reporting and other quality improvement requirements as specified by the EMS Agency.
3.6  Participate in prehospital research and efficacy studies requested by the EMS Agency, Research Committee and/or the Quality Council.

4.  Reporting/Feed-back

4.1  Develop a process for identifying trends in the quality of medical direction delivered by BHPs.
   4.1.1 Report as specified by the EMS Agency.
   4.1.2 Design and participate in educational offering based on problem identification and trend analysis.
   4.1.3 Make approved changes in internal policies and procedures based on trend analysis.

4.2  Participate in the process of identifying trends in the quality of field care delivered by Field personnel.

4.3  Provide quarterly reports to include the total number of Base Physician calls handled by month, types of calls handled (i.e. AMA, trauma destination, etc) and Q.I. trends indentified.