

**California Code of Regulations  
TITLE 22. SOCIAL SECURITY  
DIVISION 9. PRE-HOSPITAL EMERGENCY MEDICAL SERVICES  
CHAPTER 12. EMS System Quality Improvement**

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**Article 1. Definitions**

**100400. Emergency Medical Services System Quality Improvement Program.**

"Emergency Medical Services System Quality Improvement Program" or EMS QI Program means methods of evaluation that are composed of structure, process, and outcome evaluations which focus on improvement efforts to identify root causes of problems, intervene to reduce or eliminate these causes, and take steps to correct the process and recognize excellence in performance and delivery of care.

NOTE: Authority cited: Sections 1797.103, 1797.107, 1797.174, and 1797.176 Health and Safety Code. Reference: Sections 1797.174, 1797.202, 1797.204, 1797.220, and 1798.175 Health and Safety Code.

**100401. EMS Service Provider.**

"EMS Service Provider" means an organization employing certified EMT-I, certified EMT-II or licensed paramedic personnel for the delivery of emergency medical care to the sick and injured at the scene of an emergency, during transport, or during interfacility transfer.

NOTE: Authority cited: Sections 1797.107, 1797.174, and 1797.176 Health and Safety Code. Reference: Section 1797.174 Health and Safety Code.

## Article 2. EMS Service Provider

### 100402. EMS Service Provider Responsibilities.

(a) An EMS service provider shall:

(1) Develop and implement, in cooperation with other EMS system participants, a provider-specific written EMS QI program, as defined in Section 100400 of this Chapter. Such programs shall include indicators, as defined in Section III and Appendix E of the Emergency Medical Services System Quality Improvement Program Model Guidelines, which address, but are not limited to, the following:

- (A) Personnel
- (B) Equipment and Supplies
- (C) Documentation
- (D) Clinical Care and Patient Outcome
- (E) Skills Maintenance/Competency
- (F) Transportation/Facilities
- (G) Public Education and Prevention
- (H) Risk Management

(2) Review the provider-specific EMS QI Program annually for appropriateness to the operation of the EMS provider and revise as needed.

(3) Participate in the local EMS agency's EMS QI Program that may include making available mutually agreed upon relevant records for program monitoring and evaluation.

(4) Develop, in cooperation with appropriate personnel/agencies, a performance improvement action plan when the EMS QI Program identifies a need for improvement. If the area identified as needing improvement includes system clinical issues, collaboration is required with the provider medical director and the local EMS agency medical director or his/her designee if the provider does not have a medical director.

(5) Provide the local EMS agency with an annual update, from date of approval and annually thereafter, on the provider EMS QI Program. The update shall include, but not be limited to, a summary of how the EMS provider's EMS QI Program addressed the program indicators.

(b) The EMS provider EMS QI Program shall be in accordance with the Emergency Medical Services System Quality Improvement Program Model Guidelines (Rev. 3/04), incorporated herein by reference, and shall be approved by the local EMS agency. This is a model program which will develop over time and is to be tailored to the individual organization's quality improvement needs and is to be based on available resources for the EMS QI program.

(c) The provider EMS QI Program shall be reviewed by the local EMS agency at least every five years.

NOTE: Authority cited: Sections 1797.103, 1797.107, 1797.174 and 1797.176 Health and Safety Code. Reference: Sections 1797.174 and 1797.220 Health and Safety Code.

### **Article 3. Paramedic Base Hospital**

#### **100403. Paramedic Base Hospital and Alternate Base Station Responsibilities.**

(a) A paramedic base hospital and alternate base station shall:

(1) Develop and implement, in cooperation with other EMS system participants, a hospital-specific written EMS QI program, as defined in Section 100400 of this Chapter. Such programs shall include indicators, as defined in Section III and Appendix E of the Emergency Medical Services System Quality Improvement Program Model Guidelines, which address, but are not limited to, the following:

(A) Personnel

(B) Equipment and Supplies

(C) Documentation

(D) Clinical Care and Patient Outcome

(E) Skills Maintenance/Competency

(F) Transportation/Facilities

(G) Public Education and Prevention

(H) Risk Management

(2) Review hospital-specific EMS QI Program annually for appropriateness to the operation of the base hospital or alternative base station and revise as needed.

(3) Participate in the local EMS agency's EMS QI Program that may include making available mutually agreed upon relevant records for program monitoring and evaluation.

(4) Develop, in cooperation with appropriate personnel/agencies, a performance improvement action plan when the base hospital or alternative base station EMS QI Program identifies a need for improvement. If the area identified as needing improvement includes system clinical issues, collaboration with the base hospital medical director or his/her designee or alternate base station medical director or his/her designee is required.

(5) Provide the local EMS agency with an annual update, from date of approval and annually thereafter, on the hospital EMS QI Program. The update shall include, but not be limited to, a summary of how the base hospital/alternate base station's EMS QI Program addressed the program indicators.

(b) The base hospital/alternate base station EMS QI Program shall be in accordance with the Emergency Medical Services System Quality Improvement Program Model Guidelines (Rev. 3/04), incorporated herein by reference, and shall be approved by the local EMS agency. This is a model program which will develop over time and is to be tailored to the individual organization's quality improvement needs and is to be based on available resources for the EMS QI program.

(c) The base hospital/alternate base station EMS QI Program shall be reviewed by the local EMS agency at least every five years.

NOTE: Authority cited: Sections 1797.103, 1797.107, 1797.174, and 1797.176 Health and Safety Code. Reference: Sections 1797.174, 1797.220, and 1798.2, Health and Safety Code.

#### **Article 4. Local EMS Agency**

##### **100404. Local EMS Agency.**

(a) The local EMS agency shall:

(1) Develop and implement, in cooperation with other EMS system participants, a system-wide written EMS QI program, as defined in Section 100400 of this Chapter. Such programs shall include indicators, as defined in Section III and Appendix E of the Emergency Medical Services System Quality Improvement Program Model Guidelines, which address, but are not limited to, the following:

(A) Personnel

(B) Equipment and Supplies

(C) Documentation

(D) Clinical Care and Patient Outcome

(E) Skills Maintenance/Competency

(F) Transportation/Facilities

(G) Public Education and Prevention

(H) Risk Management

(2) Review system-wide EMS QI Program annually for appropriateness to the system and revise as needed.

(3) Develop, in cooperation with appropriate personnel/agencies, a performance improvement action plan when the EMS QI Program identifies a need for improvement. If the area identified

as needing improvement includes system clinical issues, collaboration is required with the local EMS agency medical director.

(4) Provide the EMS Authority with an annual update , from date of approval and annually thereafter, on the local EMS Agency's EMS QI Program. The update shall include, but not be limited to, a summary of how the local EMS Agency's EMS QI Program addressed the program indicators.

(b) The local EMS Agency EMS QI Program shall be in accordance with the Emergency Medical Services System Quality Improvement Program Model Guidelines (Rev. 3/04), incorporated herein by reference, and shall be approved by the EMS Authority. This is a model program which will develop over time and is to be tailored to the individual organization's quality improvement needs and is to be based on available resources for the EMS QI program.

(c) The local EMS Agency EMS QI Program shall be reviewed by the EMS Authority at least every five years.

NOTE: Authority cited: Sections 1797.103, 1797.107, 1797.174 and 1797.176 Health and Safety Code. Reference: Sections 1797.94, 1797.174, 1797.202, 1797.204, 1797.220, and 1798 Health and Safety Code.

## **Article 5. EMS Authority**

### **100405. EMS Authority.**

(a) The EMS Authority shall:

(1) Develop and implement, in cooperation with other EMS system participants, a state-wide written EMS QI program, as defined in Section 100400 of this Chapter. Such programs shall include indicators, as defined in Section III and Appendix E of the Emergency Medical Services

System Quality Improvement Program Model Guidelines, which address, but are not limited to, the following:

- (A) Personnel
- (B) Equipment and Supplies
- (C) Documentation
- (D) Clinical Care and Patient Outcome
- (E) Skills Maintenance/Competency
- (F) Transportation/Facilities
- (G) Public Education and Prevention
- (H) Risk Management

(2) Review state-wide EMS QI Program annually for appropriateness to the state and revise as needed.

(3) Develop, in cooperation with appropriate personnel/agencies, a performance improvement action plan when the EMS QI Program identifies a need for improvement. If the area identified as needing improvement includes system clinical issues, collaboration is required with the EMS Authority medical consultant.

(4) Provide the local EMS Agencies with an annual update on the EMS Authority's EMS QI Program. The update shall include, but not be limited to, a summary of how the EMS Authority's EMS QI Program addressed the state indicators.

(b) The EMS Authority EMS QI Program shall be in accordance with the Emergency Medical Services System Quality Improvement Program Model Guidelines (Rev. 3/04), incorporated herein by reference. This is a model program which will develop over time and is to be tailored to the individual organization's quality improvement needs and is to be based on available resources for the EMS QI program.

NOTE: Authority cited: Sections 1797.103, 1797.107, 1797.174 and 1797.176 Health and Safety Code. Reference: Sections 1797.54 and 1797.174 Health and Safety Code.