

100164.02 EMSC Quality Improvement and Evaluation Process

(a)

Each local EMS agency shall have a quality improvement program in collaboration with all PedRCs.

(b)

All PedRCs shall have a quality improvement program. This process shall include, at a minimum: (1) Compliance with the California Evidence Code, Section 1157.7 to ensure confidentiality, and a disclosure protected review of selected pediatric cases. (2) A process that integrates emergency department quality improvement activities with the prehospital, trauma, inpatient pediatrics, pediatric critical care and hospital-wide quality improvement activities. (3) A process to integrate findings from quality improvement audits and reviews into education and clinical competency evaluations of staff. (4) Each PedRC will complete an online or paper assessment of the National Pediatric Readiness Project self-assessment and share the results with the local EMS agency every three years at minimum. (5) A multidisciplinary pediatric quality improvement committee to review prehospital, emergency department, and inpatient care which shall include, but not be limited to: (A) Cardiopulmonary or respiratory arrests. (B) Child maltreatment cases. (C) Deaths. (D) Intensive care unit admissions. (E) Operating room admissions. (F) Transfers. (G) Trauma admissions.

(1)

Compliance with the California Evidence Code, Section 1157.7 to ensure confidentiality, and a disclosure protected review of selected pediatric cases.

(2)

A process that integrates emergency department quality improvement activities with the prehospital, trauma, inpatient pediatrics, pediatric critical care and hospital-wide quality improvement activities.

(3)

A process to integrate findings from quality improvement audits and reviews into education and clinical competency evaluations of staff.

(4)

Each PedRC will complete an online or paper assessment of the National Pediatric Readiness Project self-assessment and share the results with the local EMS agency every three years at minimum.

(5)

A multidisciplinary pediatric quality improvement committee to review prehospital, emergency department, and inpatient care which shall include, but not be limited to:

(A) Cardiopulmonary or respiratory arrests. (B) Child maltreatment cases. (C) Deaths. (D) Intensive care unit admissions. (E) Operating room admissions. (F) Transfers. (G) Trauma admissions.

(A)

Cardiopulmonary or respiratory arrests.

(B)

Child maltreatment cases.

(C)

Deaths.

(D)

Intensive care unit admissions.

(E)

Operating room admissions.

(F)

Transfers.

(G)

Trauma admissions.

(c)

The local EMS agency is responsible for: (1) Ongoing performance evaluations of the local or regional EMSC programs. (2) Ensuring the designated PedRCs, other hospitals that provide care to pediatric patients, and prehospital providers involved in the EMSC program, participate in the quality improvement program contained in this section.

(1)

Ongoing performance evaluations of the local or regional EMSC programs.

(2)

Ensuring the designated PedRCs, other hospitals that provide care to pediatric patients, and prehospital providers involved in the EMSC program, participate in the quality improvement program contained in this section.