
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 identified.