

	06-0104	Quality Assurance (QA) for EMS Aircraft Providers
Nor-Cal EMS Policy & Procedure Manual		EMS Aircraft
Effective Date: 01/10/2020		Next Revision: 01/10/2023
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR		SIGNATURE ON FILE

AUTHORITY:

Health & Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9.

PURPOSE:

To implement a quality assurance (QA) program for the collection and review of continuous aviation response and patient care data to ensure confidence in compliance with established NOR-CAL EMS policy and EMDAC Unified Scope of Practice guidelines.

DEFINITIONS:

AMAC—Air Medical Advisory Committee

CAD—Computer-Aided Dispatch

CAMTS—Commission on Accreditation of Medical Transport Systems

EMDAC—EMS Medical Directors Association of California

Quality Assurance (QA)—The maintenance of a desired level of quality in a service, especially by means of attention to every stage of the patient care process.

Quarter—A period of three (3) months. Quarters are determined—unless otherwise specified—as periods between scheduled AMAC meetings.

USOP—Unified Scope of Practice (*See NOR-CAL EMS Policy 06-0106, Unified Paramedic Optional Scope of Practice for Qualified Transport Programs*).

DATA COLLECTION:

Data is collated monthly and reviewed quarterly at the scheduled Air Medical Advisory Committee (AMAC) Meeting. Findings are provided by the AMAC Chair in written and graphical form for ease of review. Outliers will be discussed.

I. Response Data:

A. All air providers are required to submit requested monthly data to NOR-CAL EMS by the 25th of the month for review Aircraft Clarity Report form. Response data requirements include—but is not limited to—the following:

1. Individual Response Data shall include:

- a. Air ambulance provider and aircraft identifier
- b. Incident date and number
- c. Dispatch notification
- d. Lift time (*Skids off the ground*)
- e. Initial Estimated Time of Arrival (ETA)
- f. Updated ETA
- g. Scene arrival time (*Skids on the ground*)
- h. Scene departure time (*Skids off the ground*)
- i. Hospital arrival times

2. Cumulative Data shall include:

- a. Total number of trauma and medical responses
- b. Total number of incidents per county
- c. Total number of interfaculty transfers

3. Expectations

- a. Lift times within 15-minutes of dispatch notification with 90% compliance, per quarter.
- b. Differences between initial and updated ETAs shall be no greater than ten (10) minutes with 90% compliance, per quarter.
- c. Air providers based outside the NOR-CAL EMS regulatory area are only responsible for response data in the region.

B. NOR-CAL EMS will concurrently collect and analyze monthly response data for all air providers operating in the region through *ImageTrend*, *NEMESIS*, *CEMSIS*, and *CAD review*. Data includes—but is not limited to—the following:

I. Response Data (*Continued*):

1. Individual Response Data requirements:

- a. Air ambulance provider and aircraft identifier
- b. Incident date and number
- c. Dispatch notification time
- d. Lift time (*Skids off the ground*)
- e. Initial Estimated Time of Arrival (ETA)
- f. Updated ETA
- g. Scene arrival time (*Skids on the ground*)
- h. Scene departure time (*Skids off the ground*)
- i. Hospital arrival time

2. Cumulative Data requirements:

- a. Total number of trauma and medical responses
- b. Total number of incidents per county
- c. Total number of inter-facility transfers

C. Independent audits are conducted at the discretion of NOR-CAL EMS and will be requested via written notification. Upon notification of an audit, an air provider has five (5) business days to submit requested data in written form for review.

II. Patient Care Data:

A. Routine care

1. NOR-CAL EMS shall collect air data to ensure quality and appropriate patient care delivery within its region. Data collection shall include—but is not limited to—the following:
 - a. Average scene times
 - b. Destination appropriateness
 - c. Medication utilization
 - d. Procedure use, including attempts and success/failure (%)
2. Conformational data is acquired through communication with ground and hospital providers, dispatch centers, submission of approved forms, and analysis of ImageTrend data.

II. Patient Care Data (*continued*):

A. Unified Scope of Practice

1. All CAMTS accredited air providers who utilize the USOP are required to submit data to NOR-CAL EMS and EMDAC on a bi-annual (June 30 and December 30) scheduling (*See NOR-CAL EMS Policy 06-0106, Unified Paramedic Optional Scope of Practice for Qualified Transport Programs*). Data shall include—but is not limited to—the following:
 - a. Rapid Sequence Intubation (RSI)
 - i. Adult and pediatric
 - b. Video Laryngoscopy use
 - c. Supraglottic Airway Device (SAD) placement
 - d. Transport Ventilator use
 - e. Intraosseous (IO) Cannulation insertion
2. Data is reviewed during the quarterly AMAC meeting.

DATA ANALYSIS:

Data is reviewed by NOR-CAL EMS quarterly to isolate any outliers involving patient care and/or response. Collected data will be computed and displayed in a graphical form for all AMAC members to review. A review of potential outliers will be discussed individually with those providers involved (*See NOR-CAL EMS Policy 18-0204, Investigation and Disciplinary Process for EMS Air Provider Agencies*).

A. Response Data Analysis:

1. Response data is compared to predetermined NOR-CAL EMS policy for air response. Any air provider with lift-times and/or ETAs found below 90% compliance during a given quarter *is subject to a written warning and subsequent disciplinary action if deemed appropriate by NOR-CAL EMS administration (See NOR-CAL EMS Policy 18-0204, Investigation and Disciplinary Process for EMS Air Provider Agencies)*.
2. Deviations from the accepted response standards set by NOR-CAL policy requires the air provider to submit a fillable Aircraft Clarity Report form for NOR-CAL EMS review within five (5) business days. Submissions shall include a plan of remediation to ensure future compliance. Documentation is filed and reviewed quarterly—unless an

B. Response Data Analysis (*Continued*):

immediate need is required—with a continuous review of ongoing data. Further concerns will be discussed with both management of the involved air provider and NOR-CAL EMS administration. Continued failure to adhere to NOR-CAL EMS response standards prompts disciplinary action (*see NOR-CAL EMS Policy 18-0204, Investigation and Disciplinary Process for EMS Air Provider Agencies*).

C. Patient Care Data Analysis:

1. Patient care—including Unified Scope of Practice—will be monitored by NOR-CAL EMS on a continuing basis to ensure compliance with established policy, standards, and patient safety.
2. *Deviations from accepted treatment standards set by NOR-CAL policy are subject to investigation (See NOR-CAL EMS Policy 18-0204, Investigation and Disciplinary Process for EMS Air Provider Agencies).*

LEMSA EXPECTATIONS:

- A. Air providers operating within the NOR-CAL EMS region are expected to adhere to established policies and procedures.
- B. Air providers are expected to provide requested data within specified time frames as provided above.
- C. Air providers are expected to provide accurate data. Any provider found to falsify or alter data in any way is subject to an Investigative Review Panel (IRP) and disciplinary action, including—but not limited to—reduction and/or termination of services (*See NOR-CAL EMS Policy 18-0204, Investigation and Disciplinary Process for EMS Air Provider Agencies*).

— End of Policy —