

**California Local Emergency Medical Services Agencies
Continuous Quality Improvement Coordinators' Subcommittee Guidelines
(CA LEMSA CQI Subcommittee)**

MISSION

“Through collaboration, we strive to improve the quality of patient care within California’s EMS system”

VALUES

- *Diversity;*
- *Quality;*
- *Creativity;*
- *Flexibility;*
- *Evidenced-Based Medicine;*
- *Patient-Centered Continuum of Care; and*
- *Acknowledge Performance Excellence*

PURPOSE:

The California Local EMS Agency Continuous Quality Improvement (LEMSA CQI) Subcommittee is constituted of individuals serving in the primary role of quality improvement activities at the local EMS level. This collaboration is intended to provide expert advice and consultation to the Emergency Medical Services Administrator’s Association of California (EMSAAC) as well as to create a forum for sharing of ideas.

COMPOSITION:

Membership: The California LEMSA CQI Subcommittee shall be composed of Quality Improvement representatives from each LEMSA.

Leadership:

1. The leadership of the subcommittee shall be composed of the Chair, Chair Elect Secretary/Scribe, and time keeper/facilitator
2. Leadership shall be elected to serve terms beginning July 1 of each year. Nominations will be solicited in February
3. Should there be a vacancy in one of the leadership positions; volunteers will be solicited to fill the remainder of the term.
4. Leadership responsibilities:
 - a. Chair: The chair will sent a timed meeting agenda, select the dates of the meetings and lead the meetings. The chair will make the final determination regarding the EMSAAC report. When possible, the chair will provide the EMSAAC report.
 - i. Leadership for specific projects and the membership of related work groups shall be appointed by the chair and shall report to the membership periodically
 - b. Chair-elect: The chair-elect will act in the absence of the Chair and will succeed to the chair position in the next term.

- c. Secretary: The secretary will maintain the minutes of the meeting and submit them to the chair for review and distribution to the members. Once the meeting minutes are final they will be distributed to the group and will be posted on the EMSAAC web site.
- d. Timekeeper/facilitator: The time keeper will assist the chair in keeping the discussion focused and on time based on the time allotted to each topic

CHARGES:

1. Act in an advisory capacity to the EMSAAC on clinical issues involving state, local and community out of hospital clinical care
2. Work with system constituents and professional organizations in the development of documents addressing prehospital CQI.
3. Provide a forum for the exchange of information and ideals on the clinical and quality aspects of EMS
4. Improve the integrity and validity of the EMS system and system components through improved communication.
5. Promote the dissemination of information and best practices regarding clinical care and quality concerning EMS.

MEETINGS:

1. Meetings will be held every two (2) months at a pre-established time through a conference call and/or other remote meeting arrangements.
2. The meeting notes and other documents shall be maintained by the secretary and preserved on the EMSAAC web site.
3. The group will strive for a face to face meeting at least annually.

REPORTING:

1. There will be a periodic report to the EMSAAC at their regularly scheduled meeting(s).
2. There will be a collegial relationship with the EMS Medical Directors.
3. Documents produced by the group will be shared with the appropriate entities.
4. Final documents will be posted on the EMSAAC website.

DOCUMENT MAINTENANCE:

1. A review and revision of documents including these Guidelines will be conducted periodically.
2. The frequency of the review will be determined by the members and noted on the document.
3. The date of each revision shall be noted on the documents.
4. The committee leadership will ensure that documents are reviewed as indicated.