



CARDIAC CARE SYSTEM QUALITY IMPROVEMENT

Effective: January 1, 2021
Replaces: October 28, 2013
Review: January 1, 2024

I. Purpose

The purpose of this policy is to sustain a committee for the continuous quality assessment and improvement of ST Elevation Myocardial Infarction (STEMI) care in Santa Clara County.

II. Description

The Cardiac Care System Quality Improvement Committee (the Committee) shall be a multi-disciplinary peer-review committee composed of representatives from the STEMI Receiving Centers (SRC) and other designated professionals which shall:

- A. Advise and assist the EMS Medical Director to monitor and trend issues in the STEMI system.
- B. Provide STEMI system quality improvement recommendations to the EMS Medical Director.
- C. Discuss current trends and research in STEMI care that may impact patient care in Santa Clara County.
- D. Provide standardized ongoing review of the medical care in the STEMI system.
- E. Identify and analyze data of scientific value for clinical studies and strategic planning/review of the STEMI system
- F. Collaborate to share experiences and best practices for optimal STEMI care.
- G. Aggregate and distribute high quality data to system stakeholders.

III. Quality Improvement

- A. SRC Quality Improvement
 - 1. Each designated SRC shall have a quality improvement program.

2. All STEMI patient care within the SRC is the responsibility of that hospital's STEMI Program Medical Director.
3. The STEMI Program Medical Director and STEMI Program Manager are responsible for ensuring compliance with EMS Agency SRC designation standards and policies.

B. System Quality Improvement

1. STEMI system QI process will be based on a review of cases, which meet criteria as defined by members of the CCSQIC.
2. Cases for review shall be selected by the Executive STEMI Committee. This committee shall include one representative each from the STEMI Program Medical Director and STEMI Program Manager groups, the EMS Agency Specialty Programs Nurse Coordinator, and the Santa Clara County EMS Medical Director.
3. The review may include any prehospital patient who is identified as a STEMI patient.
4. At the discretion of the Committee chairperson and/or the EMS Agency Medical Director other health care professionals may be invited to participate in the specific medical audit review of cases where their expertise is essential to make appropriate determinations.

IV. Membership

- A. EMS Agency Medical Director
- B. EMS Agency Specialty Programs Nurse Coordinator
- C. EMS Specialist, Quality Improvement Coordinator
- D. STEMI Program Medical Director of each SRC
- E. STEMI Program Manager of each SRC
- F. Cardiology department physicians or designees
- G. Base Hospital Physician Liaison and/or designee
- H. Emergency Department physicians or designees
- I. Paramedics from both public and private provider agencies appointed through the Medical Control Advisory Committee

V. Appointment of Non-Program Members

Members who represent a specialty, such as cardiology, but who do not represent the STEMI program of a participating acute care hospital may be appointed to the committee. The chairperson and EMS Agency shall evaluate such appointments as necessary.

VI. Meetings

The committee shall convene at least quarterly.

VII. Attendance

- A. All members should attend no fewer than 75% of meetings per year. The EMS Agency shall maintain an attendance log and annually report attendance to PSC hospital administration.
- B. Members should notify the Specialty Programs Nurse Coordinator in advance of the meeting if unable to attend.
- C. Resignation from the committee shall be submitted to the EMS Medical Director in writing and shall be effective immediately upon receipt

VIII. Officers

- A. The committee shall have two officers, a chairperson and a vice chairperson, who shall each be elected to serve a 2-year term. The chairperson must be a current STEMI Program Medical Director, ED physician, or cardiologist.
- B. Elections for the next term shall be conducted during the final meeting of the current term.
- C. The chair and vice chair shall work in collaboration with the EMS Medical Director and agency staff to review meeting minutes, determine the next meeting's agenda, facilitate the next meeting, and ensure committee decisions are acted upon.

IX. Voting

- A. Occasionally the committee may need to resolve disagreement by vote. The Chairperson shall decide when to call a vote. Each SRC shall have one vote, the EMS Agency shall have one vote, and simple majority shall determine the resolution.

X. Minutes

The EMS Agency shall record and confidentially maintain the minutes of all meetings. The minutes for each meeting shall be distributed by email to committee members at least 30 days prior to the next meeting. All copies of minutes and any relevant meeting materials shall be provided by the EMS Agency. Due to the confidential nature of the committee any distributed materials may be collected at the end of each meeting.

XI. Confidentiality

- A. All proceedings, documents, and discussions of the CCSQIC are confidential and protected from discovery under sections 1157.5 and 1157.7 of the California Evidence Code. The prohibition related to any testimony provided to the committee shall be applicable to all proceedings and records of the committee. The committee is established by local government as a professional standards review organization organized to provide competent experts to monitor, evaluate, and report on necessity, quality, and level of specialty health services, including but not limited to STEMI care services.
- B. Guests may be invited to the CCSQIC to discuss specific cases and issues to advise the committee on final case determinations. Guests may only be present for the portion of the meeting for which they have been invited. All guests must be approved by the chairperson and the EMS Agency prior to attending a meeting.
- C. All attendees shall be required to sign a confidentiality agreement attesting that they shall not divulge or discuss information obtained through the CCSQIC membership. The chairperson is responsible for obtaining a signed confidentiality agreement from any guest attending a meeting.
- D. The attendance sheet shall contain the confidentiality statement and by signing in the attendee agrees to abide the terms of the confidentiality statement.