



EMS STROKE CQI ADVISORY COMMITTEE

I. NAME:

The name of this group will be the Emergency Medical Services (EMS) Stroke Continuous Quality Improvement (CQI) Advisory Committee, hereinafter referred to as the EMS Stroke CQI Committee.

II. PURPOSE:

Per CCR Title 22, Division 9, Chapter 7.2 § 100270.229, Orange County EMS shall establish a quality improvement and evaluation process. EMS Stroke CQI Committee members shall be appointed by the EMS Medical Director and shall have such duties as described herein as of the date these Bylaws are adopted by the committee or hereafter amended by the committee. The purpose of the EMS Stroke CQI Committee is to monitor, investigate, study and make recommendations to the EMS Administrator and EMS Medical Director regarding the quality and level of health care provided by the Stroke Neurology Receiving Centers (SNRC) and EMS to stroke patients in Orange County.

III. MEMBERSHIP:

Section 1. The EMS Medical Director and EMS Administrator will appoint selected individuals to membership on the committee. The membership of the EMS Stroke CQI Committee will serve at the EMS Medical Director's discretion. Any member or members of the EMS Stroke CQI committee may have his or her membership terminated upon a consensus of the EMS Administrator and Medical Director.

Section 2. The permanent membership will include a representative group of up to twenty (20) Orange County EMS Stroke System providers and participants, including but not limited to: public and private provider agency EMS coordinators and field personnel, SNRC physicians and coordinators, non-stroke Emergency Department physicians and managers, and base hospital representatives.

- a) SNRC Medical Director/Interventional Radiology/Rehabilitation (3)
- b) SNRC Coordinators (1 from each SNRC)
- c) SNRC registrar (data recorder) (1)
- d) 911 Provider Agency Paramedic (1)
- e) Non-SNRC Emergency Receiving Center (1)
- f) IFT-ALS Ambulance Provider Paramedic(1)
- g) Base Hospital Representative (1)

Section 3. Employees of the Orange County Health Care Agency/Emergency Medical Services (HCA/EMS) Program who are appointed to the EMS Stroke CQI Committee and whose appointments are concurrent with their terms of employment shall be known as Ex Officio members. Ex Officio members of the EMS Stroke CQI Committee are:

- a) EMS Medical Director and Associate Medical Director
- b) EMS Administrator and Associate Administrator
- c) EMS ALS/CQI Coordinator
- d) EMS Facilities Coordinator
- e) EMS System and Standards Chief
- f) EMS Information & Analytics Chief
- g) EMS IFT-ALS Coordinator

Additional temporary members may be named by the OCEMS medical director as needed.



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Section 4. An appointed member will serve for a term of two (2) years. Upon expiration of the first term, members may elect to serve for one (1) additional two (2) year term. SNRC coordinators are exempted from this limitation.

Section 5. Members may choose to resign from their position at any time upon written notice to the EMS Medical Director. Written notice should be submitted within thirty (30) days prior to the member's expected resignation date.

Section 6. The EMS Medical Director and Administrator may remove any person for unprofessional conduct including but not limited to one or more of the following conditions:

- a) Within any twelve (12) month period during any two (2) year term, the member fails to attend three (3) regular EMS Stroke CQI Committee meetings without prior notification or excused absence.
- b) The member fails to attend three (3) consecutive EMS Stroke CQI Committee meetings during any two (2) year term.
- c) The member's staff privileges with an Orange County EMS representative group or agency, if applicable, have been suspended due to resignation or termination of employment or affiliation.
- d) The member had their respective professional license or certificate suspended or revoked.

Section 7. Upon the term expiration, resignation, or removal of any member, the EMS Medical Director shall appointment a replacement member within one hundred-eighty (180) days.

Section 8. Members are considered volunteers and are not monetarily compensated for their service or for attendance at any meeting.

Section 9. All members of the EMS Stroke CQI Committee will be required to sign the EMS Stroke CQI Committee Statement of Confidentiality (Exhibit A) upon appointment.

IV. OPERATIONS:

The EMS Stroke CQI Committee shall operate under the rules established by commonly accepted parliamentary procedure.

V. OFFICER:

Section 1. The Chairperson of the EMS Stroke CQI Committee shall be the EMS Associate Medical Director. The Chairperson shall be the only designated officer of the EMS Stroke CQI Committee, and no additional officers may be added.

Section 2. The Chairperson shall not occupy a membership position but shall be granted a vote in the advent of a tie.

Section 3. The term of service of the Chairperson shall be concurrent with the position held by the EMS Associate Medical Director.

Section 4. If the EMS Associate Medical Director is not able to serve, the EMS Medical Director may appoint a suitable designee to fill the role of the Chairperson in the interim. A "suitable" designee may be chosen from the existing EMS Stroke CQI Committee membership or a new member may be



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recommended by the EMS Medical Director for appointment. When the EMS Associate Medical Director is able to return to service, Chairperson responsibilities will automatically revert to him or her.

VI. MEETINGS:

Section 1. Regular meetings of the EMS Stroke CQI Committee will be held quarterly with the exact date and time set by the committee before the end of the preceding calendar year.

Section 2. Special meetings may be called by the Chairperson as appropriate or upon written request of a two-thirds majority of the EMS Stroke CQI Committee members.

Section 3. A quorum shall be a majority of the EMS Stroke CQI Committee membership. No business shall be transacted unless a quorum is present and only so long as a quorum is maintained.

Section 4. Members must be physically present in a meeting to vote on any topic or recommended action that is considered confidential or protected from discovery. Members will be considered physically present in meetings held virtually, either in whole or in part, using electronic media if members log in and participate. Absentee voting will be permitted for topics or recommended actions that are not considered confidential or protected from discovery (i.e. voting in regards to changes to the Bylaws) provided that the Absentee member submit his or her vote in writing to the Chairman at least (10) business days prior to the next meeting. Each member will be permitted to vote only one time for every one vote. Voting by proxy will not be permitted.

Section 5. If at any time a member identifies a known or perceived conflict of interest pertaining to any topic discussed during any meeting, the member will excuse him/herself from the discussion and will not participate in any further discussion/vote pertaining to the topic in which a conflict was identified.

Section 6. The EMS Stroke CQI Committee meetings are not governed by the Brown Act given the protections from Business and Professions Code section 805, Evidence Code section 1157, Evidence Code section 1040, and the Public Records Act which may allow for closed meetings and/or nondisclosure of records.

Section 7. EMS Stroke CQI Committee records and minutes of closed meetings shall be considered confidential and shall not be disclosed to the extent allowed by Business and Professions Code section 805, Evidence Code section 1157, Evidence Code section 1040, and the Public Records Act.

Section 8. The EMS Stroke CQI Committee shall be staffed by an EMS Administrator designee who will prepare an agenda and develop minutes for each meeting.

VII. SUBCOMMITTEE:

Section 1. Subcommittees may be appointed by the EMS Stroke CQI Committee Chairperson for the purpose of investigating, surveying or auditing specific subjects or areas of prehospital emergency medical care.

Section 2. Subcommittee membership may be selected from the existing EMS Stroke CQI Committee total membership including Ex Officio members.

Section 3. A subcommittee will be limited to specific activities for which the subcommittee was created.



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VIII. ADOPTION OF AMENDMENTS:

The Bylaws may be amended at any time by two-thirds vote of the total membership if the proposed amendment has been submitted in writing at the previous regular meeting; provided, however, that any proposed amendment by the membership will not be effective until and unless approved by the EMS Medical Director and Administrator.

Approved:

Carl Schultz, MD, FACEP
OCEMS Medical Director

Tammi McConnell, MSN, RN
OCEMS Administrator

Original Date: 9/3/2021
Reviewed Date(s):
Revised Date(s):
Effective Date: 1/1/2022



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EXHIBIT A

EMERGENCY MEDICAL SERVICES STROKE CONTINUOUS QUALITY IMPROVEMENT
ADVISORY COMMITTEE OF ORANGE COUNTY

STATEMENT OF CONFIDENTIALITY

As a member of the Emergency Medical Services Stroke Continuous Quality Improvement Advisory Committee of Orange County involved in the evaluation and improvement of the quality of prehospital and Stroke Neurology Receiving Center care rendered within the Emergency Medical Services system, I recognize that confidentiality is vital to the free and candid discussions necessary to effective quality assurance review.

Therefore, I agree to respect and maintain the confidentiality of all discussions, deliberations, data, records, and all other information generated in connection with these activities, and to make no voluntary disclosures of such information except to persons authorized to receive it in the conduct of the Emergency Medical Services Continuous Quality Improvement affairs.

Furthermore, my participation in continuous quality improvement activities is in reliance on my belief that the confidentiality of these activities will be similarly preserved by every other member of the Emergency Medical Services Stroke Continuous Quality Improvement Advisory Committee of Orange County or other involved individual. I understand that the HCA/EMS or EMS agency or representative not mentioned elsewhere is entitled to undertake such action as is deemed appropriate to ensure that this confidentiality is maintained, including application to a court for injunctive or other relief in the event of a threatened breach of this Agreement

Dated: _____

Signed: _____