



Continuous Quality Improvement Plan

Susquehanna Emergency Health Services Council Continuous Quality Improvement Plan

- Mission:** The Regional Health services council will monitor, evaluate and improve the quality and efficiency of services ordered and performed by the professional healthcare providers in the pre-hospital phase of emergency medicine.
- Vision:** It is the desire of the Susquehanna E.H.S. Council, Inc. That through our mission we can insure that quality emergency care is provided to the communities we serve.
- Values:** Quality patient care, personnel retention and customer service are the values we feel are most important.
- Goals:** It is our goal to institute a Continuous Quality Improvement (CQI) program that encompasses all emergency providers of our region. Together we will identify both exemplary performances as well the problem areas of our area. We can then move to reward exemplary performance and correct problem areas.

Quality Improvement Committee

Purpose: To monitor, by peer review, the quality and efficiency of the services ordered and performed by the professional healthcare providers of the region in the prehospital phase of emergency medicine.

Membership: 1 CQI Representative from each ALS unit (mandatory participation)
1 CQI representative from each basic life support unit (includes QRS, Optional)

Responsibilities: Review information with the intent of;

- Evaluating and improving the quality of healthcare rendered.
- Reducing the morbidity and mortality by improving pre-hospital care.
- Enforcing the protocols of the SEHSC.
- Forming recommendation towards establishment and revision of ALS and BLS protocols.
- Identify exemplary care rendered by our providers.

This committee will work in coordination with the appropriate standing committees of the EHS Council.

Conflict of interest:

- 1) Deliberations and decisions must remain independent and objective without outside influence.
- 2) Any member whose case is being adjudicated will not participate in deliberations or decisions.
- 3) Any member who feels predisposed to a judgment or feels unable to provide an entirely objective viewpoint will not take part in deliberations or decisions.
- 4) Decisions will be based on factual data.

Job Descriptions

CQI Coordinator

- 1) Supervise the collection of data for QA
- 2) Process QA reports based on the collected data
- 3) Analyze data to identify trends, activities and developments of the EMS system
- 4) Audit pre-hospital patient records

Regional Medical Director

- 1) Monitor the activities of the CQI committee
- 2) Provide guidance to the CQI coordinator
- 3) Assist the committee with re-education or remediation as necessary.
- 4) Serve as a liaison between the Unit medical Director and the CQI committee.

Unit Medical Director

- 1) Perform appropriate duties as defined by Act 45, the comprehensive Emergency Medical Services act and the rules and regulations as promulgated by the Pennsylvania Department of Health.
- 2) Serves as a resource for the unit quality assurance coordinator
- 3) Serves as a liaison between the Medical Advisory Committee (MAC), the CQI committee and the unit QA Coordinator.

Unit CQI Coordinator

- 1) Supervise collection of service data
- 5) Provide quality assurance reports based on the collected data
- 6) Analyze the QA data to determine trends, activities and developments
- 4) Serve on the regional CQI committee.

Criteria for BLS review

Any Basic Life Support chart meeting at least one of the following criteria must be audited:

1. No Advanced Life Support (ALS) available
Any seriously ill or injured needing ALS but not receiving ALS
2. Trauma Cases
 - a. Management: patient and scene managed according to protocol
 - b. Under triage: any trauma patient meeting absolute criteria which is transported to a non trauma center
 - c. Over triage: any trauma patient not meeting absolute criteria, which is transported to a trauma center. (Was the incident location closer to another facility?)
 - d. Absolute criteria with mechanism of injury
 - i. B/P < 100 mmHg systolic
 - ii. Glasgow Coma Scale 12 or less
 - iii. Flail Chest
 - iv. Gunshot or stabbing of the head, neck, chest or abdomen
3. Medical Case Management
 - a. Patient/Hospital Complaint
 - b. Other provider Complaints
4. Cases involving Automated External Defibrillator (AED) use.

Criteria for ALS Review

Any Advanced Life Support (ALS) chart meeting the following criteria must be audited.

- Cardiac Arrest
- Any patient with an Endotracheal Tube inserted or attempted.
- Major/Multiple trauma
- Trauma center cases that were not transported to a trauma center
- Scene management problems
- Requests for orders that were denied
- Treatments ordered but not given

Audit

It is the responsibility of all services to audit a statistically significant portion of all reports. Upon completion of the audit the Service Quarterly Report is mandatory and must be completed by the service medical director or the services QA coordinator and returned to the Region office no later than 30 days after the quarter being reviewed.

Each service chooses review forms and review process based on the design and needs of the service. Quarterly reports to the region will be on the regional form. For regional reporting the services will review a percentage of total reports as indicated in the table below.

Minimum Sample for Tripsheet Review

<u>Total Calls</u>	<u>Minimum Charts Reviewed</u>
1-30.....	100%
31-99.....	30%
100-149.....	31%
150-249.....	32%
250-349.....	33%
350-449.....	34%
450-549.....	35%
550-649.....	36%
650-749.....	37%
750-849.....	38%
850-949.....	39%

The Pennsylvania Department of Health or the Regional Council will require patient care reports (PCRS) fitting pre-determined criteria each quarter. Criteria will be announced as the request for PCR's is made. The CQI committee will review the PCR's.

Sample criteria may include refusals, motor vehicle collisions, cardiac arrests, CPAP use, etc.

Anytime a complaint is lodged or an investigation is conducted regarding a patient encounter a trip sheet review may be warranted.

Plan of Action

The process of CQI includes:

- 1) Identification of trends/assessment
 - i. Document review
 - ii. Meetings
 - iii. Observation
- 2) Evaluation
 - iv. Analysis of data
- 3) Feedback
 - v. Verbal
 - vi. Written
- 4) Education
 - vii. Written
 - viii. Hands on practice
- 5) Monitoring results of changes
 - ix. Re-evaluation

Should a problem be identified, methods to correct the problem can range from administrative intervention to problem solving committees.

FORMS

Self-Audit Quarterly Report

Service Name: _____

Affiliate #: _____ Phone #: _____

Year	Quarter	Total Calls	Total Audited Calls	# Trauma	# Medical	Interfacility - Emergency	Interfacility - Routine	Average On Scene Time	Average Transport Time	Average Disp - Resp Time	AED Used?	# AED Successful ?	# Refusals
03													
04													
05													
1	January – March												
2	April – June												
3	July – September												
4	October - December												

Summary of Treatment Problems: _____

Summary of Documentation Problems: _____

Comments:

Name of individual completing form: _____

Signature: _____

Date: _____ Date sent to Council: _____

For Council Use

Date Rec'd _____ Date Reviewed: _____ Reviewer Initials: _____

Continuous Quality Improvement
Chart Audits

Service: _____ Affiliate # _____

Call Location: _____

Call Type: _____ Refusal? Yes No

Dispatch to Respond Time: _____ Time On Scene: _____ Transport time: _____

Reason for time delay: _____

Crew
EMT-P _____ # EMT _____ # First Responder _____ # Ambulance Attendant _____

Treatment Appropriate? Yes No (Explain) _____

Documentation Complete? Yes No (Explain) _____

Was Medical Command contacted? Yes No (Explain) _____

Did you use an AED? Yes No Patient Response _____

Additional Comments: _____

Person Completing Audit: _____

Signature: _____

Date: _____