

Citizens Memorial Hospital Emergency Medical Services Quality Process
Updated: 4/26/19

Mission and Objectives

CMH Mission: Caring for every generation through exceptional services by leading physicians and a compassionate healthcare team.

CMH EMS Mission: To provide safe, exceptional, and compassionate care to our communities with an emphasis on highly trained and empowered staff.

CMH EMS Quality System Objectives:

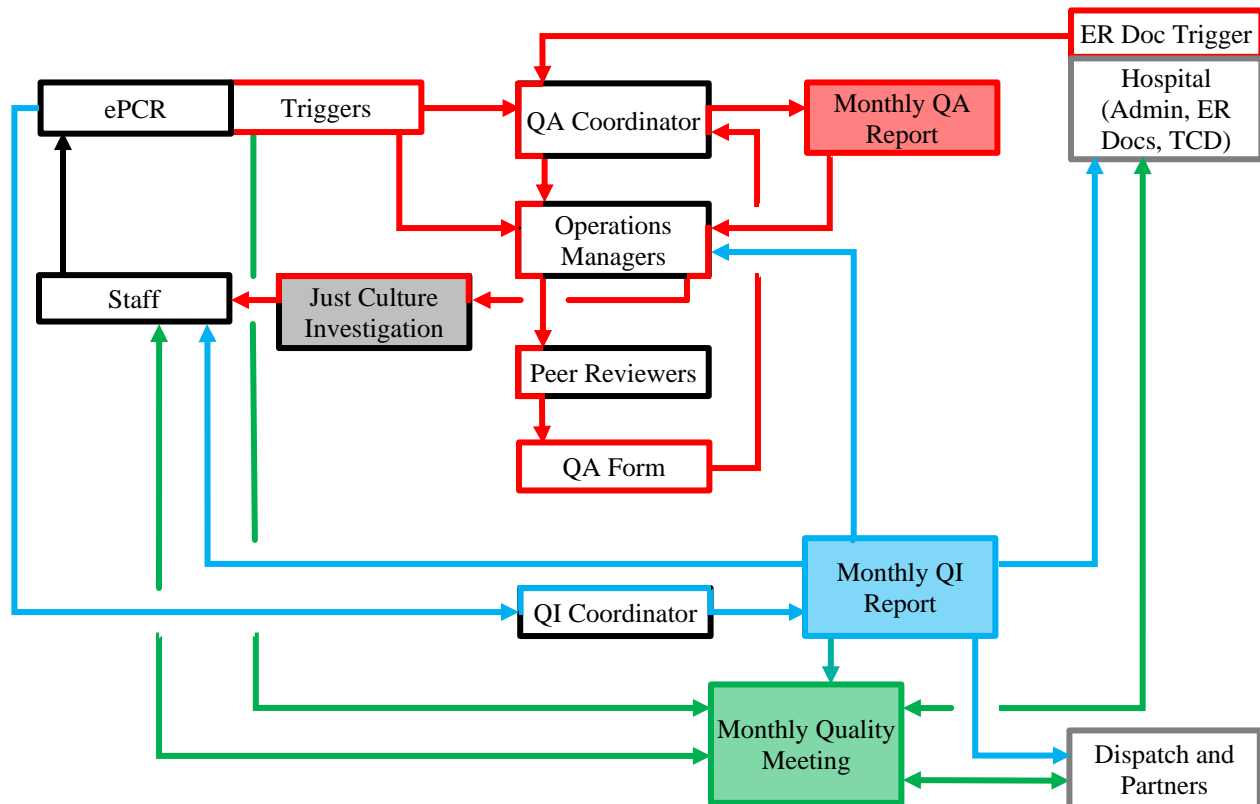
1. Provide monthly statistical analysis of system performance data.
2. Provide a simple system to review Electronic Patient Care Reports (ePCRs) with peer involvement and staff feedback.
3. Identify opportunities for system enhancements to improve patient outcomes, reduce legal liabilities, and ensure maximum reimbursements.
4. Identify low performers to drive focused education to improve patient outcomes, reduce legal liabilities, and ensure maximum reimbursements.

Definitions

Quality Improvement (QI) - System Performance (i.e. graphs related to entire system).

Quality Assurance (QA) - Individual Performance (i.e. chart review).

Process Overview



System Performance Data

Monthly, system performance data will be analyzed and available for review by EMS Leadership. This data will include, but not limited to:

1. Data provided to hospital leadership:
 - A. Hospital transfers to a tertiary facility.
2. Data provided to dispatch center leadership:
 - A. Percentage of priority one calls being dispatched within 90 seconds.
 - B. Percentage of calls being dispatched with EMD codes 1-25 or 27-31.
3. Data provided to Time Critical Diagnosis (TCD) teams:
 - A. Percentage of trauma patients transported within 15 minutes.
 - B. Percentage of chest pain patients with a 12-lead conducted within 10 minutes.
 - C. Percentage of chest pain patients with Aspirin administration.
 - D. Percentage of stroke patients with blood glucose check.

ePCR Review Triggers

The following are triggers to identify ePCRs that will be reviewed by this process:

1. CMH ER Physician request.
2. By patient complaint:
 - A. Cardiac arrest. For reference, there were 91 cardiac arrests (0.9% of all calls) in 2018.
3. By treatments provided:
 - A. Airway management or BVM. For reference, there were 134 ePCRs meeting this criteria (1.3% of all calls) in 2018.
 - B. Rapid or Delayed Sequence Intubation. For reference, there were 13 RSI/DSIs (0.1% of all calls) in 2018.
 - C. Rocuronium medication administration. For reference, there were 21 patients receiving Rocuronium (0.2% of all calls) in 2018.
4. Random 15% of of all ePCRs. Each county will review 10% of their monthly calls and 2% of the rest of the service area.

County	Number of calls in 2018	Own county ePCRs per week (based on 2018 data)	Other county ePCRs per week (based on 2018 data)	Total ePCR reviews per week (based on 2018 data)
Polk	5,677	11	2	13
Hickory	1,164	3	4	7
Cedar	2,178	5	3	8
St Clair	932	2	4	6

Peer Reviewers

Peer reviewers will be utilized and selected by County Managers. Selection criteria are based on the Manager's opinion of clinical performance, documentation ability, and CMH PRIDE. Training will be provided to the reviewers by the managers on how to access ePCRs and the peer review form.

Reviews can be conducted individually or as part of a team such as at a staff meeting or other quality meeting where only CMH EMS employees or hospital leadership is present. ePCRs completed by EMTs will be reviewed by EMTs and those completed by paramedics will be reviewed by paramedics.

Peer Review Process

The form used by peers to evaluate ePCRs is online as a Google Form (<http://ozarksems.com/qa-form.php>). Monthly, the results of those forms will be compiled into individual and system reports and provided to managers to disseminate to their staff.

Quality Meetings

Quality meetings will be conducted monthly. Dates and times will be coordinated to most effectively allow participation by the following:

- Medical Director
- EMS Leadership
- Staff involved in calls being reviewed that month
- All EMS staff
- Guests

Meetings will follow the following general agenda:

- Quality Improvement (System Performance)
 - This is an open meeting for representatives from all agencies in CMH EMS response area to attend. The purpose of this portion will be to discuss system issues.
 - System Performance Data will be presented and discussed.
 - Outstanding, unresolved issues from previous meetings will be discussed.
 - New discussions related to system performance or barriers to patient care.
- Quality Assurance (Individual Performance)
 - This is a closed meeting for CMH EMS personnel and hospital administration only. The purpose of this portion will be to identify opportunities for staff improvement (either by poor performance or best practices to share with the staff).
 - The call will be presented from the 911 call (if recordings available), through first responder documentation (if available), EMS documentation, and hospital medical records (if available). Areas of excellence and areas of improvement will be identified and discussed.
 - Four calls will be selected (one from each county). Staff will be notified of which calls were selected and dispatch, first responder, and hospital information will be requested.