

	Lower Providence Emergency Medical Service Standard Operating Guidelines	
	Subject: <i>Documents & Documentation:</i> Continuous Quality Improvement Plan	SOG #102-008
	Approved: Chief Christopher J. Reynolds	Initiated: October 2021 Revised: N/A

Description: Lower Providence Emergency Medical Services (LPEMS) is looking to add to the traditional Quality Assurance (QA) program that is focused almost entirely on deficiencies in patient care provided by individual providers to a more comprehensive Continuous Quality Improvement (CQI) program that instead focuses on the patient care that is provided. CQI is a philosophy that encourages all our providers to continuously ask how am I doing, can I do it better, and can I do it more efficiently?

Continuous quality improvement begins with a change in culture. This change focuses on improvement(s) for the patient, the organization, and the population in general. Besides creating a probing CQI culture for the organization, the key to our CQI initiative is using a structured planning approach to evaluate the current system, followed by improvement of the systems and processes to achieve our desired outcome and vision for the organization.

Tools commonly used in the CQI process include strategies that enable providers to assess and improve health care delivery and services. Applying CQI across the organization means that the clinical care component of the organization must understand what works and what does not work in the current state and how the outcomes of CQI processes will change care delivery and quality improvement goals. The CQI plan identifies the desired clinical or administrative outcome and the evaluation strategies that enable the QA Committee to determine if providers are achieving that outcome. The committee also intervenes, when needed, to adjust the CQI plan based on continuous monitoring of progress through an adaptive, real-time feedback loop.

Purpose: Continuous Quality Improvement (CQI) is a formal approach to the analysis of organizational performance and efforts to improve it. LPEMS remains committed to the process of CQI through our QA process. CQI is, by its very name, a continuous process. CQI includes such things as:

- Recognizing excellence, both individually and organizationally.
- Quantifying objectively what EMS does by trending, analyzing, and identifying issues, concerns, and excellence based on those trends.
- Setting benchmarks.
- Promoting remediation rather than discipline. Remediation is education.
- Working hand in hand with the training committee.
- Identifying system issues, when possible, rather than individual issues.

Continuous Quality Improvement is a never-ending process in which all levels of the organization are encouraged to work together through the Clinical Care Committee to develop and enhance this organization. Based on EMS collaboration and a shared commitment to excellence, CQI reveals potential areas for improvement throughout the organization, identifies training opportunities, highlights outstanding clinical performance, audits compliance with protocols, and reviews specific illnesses or injuries along with their associated treatments. These efforts contribute to the continued success of LPEMS through a systematic process of review, analysis, and improvement.

Procedure: LPEMS supports and encourages the organizational change to embrace Continuous Quality Improvement. The best way to improve the quality of the care we provide lies in studying and improving the processes of care. The CQI / QA committee encourages the use of the DMAIC model to study and improve processes relating to pre-hospital care.

Confidentiality

All CQI/QA activities are confidential and as such complete discretion must be maintained.

Call Review

LPEMS CQI/QA Committee members shall be responsible for the review of all ePCR's. It is the goal of the organization to review 100% of all patient care reports. While it is critical to regularly review high acuity calls such as Trauma, Sedation, and Arrests, often more can be learned from the review of lower priority calls. It is important to evaluate whether providers are routinely under-triaging patients, if they are following proper procedure when obtaining signed refusals, or whether ALS units are performing appropriate assessments prior to releasing patients to BLS providers. This type of information can only be gathered if we are reviewing all patient care reports regardless of disposition.

DMAIC Method

The DMAIC method is one of many models that can be used to organize and manage performance improvement projects. This process is not used solely for tackling EMS issues and one of the strengths of this method is that it can be applied widely across many sectors with equal success.

The DMAIC method consists of five phases: Define, Measure, Analyze, Improve, and Control.

Define

The most crucial part of any project is defining the nature of the problem that the project is designed to correct or the opportunity for improvement that it is designed to address. Definition of an issue should be as clear and concise as possible. A defining statement, for example, that focuses on improving survival rates for cardiac arrest patients may certainly sound worthwhile, but it will be difficult to achieve significant results without clearer direction.

Instead, focus on a single component of the overall system. For instance, instead of trying to improve resuscitative rates for cardiac arrest victims, we can be more specific and focus on the early initiation of CPR. A defining statement that is defined in such a concise way will likely yield more fruitful results.

Measure

The main goal of the measure phase is to develop a thorough understanding of how the process is designed and operates, along with a baseline measurement of its current level of performance. There are often many metrics available for measuring performance, so it will be important to identify the most relevant performance indicators. In the case of a cardiac arrest study, we would most likely want to measure from the time of arrest to the time when CPR was first initiated. Establishing benchmarks gives

us an idea of how efficiently the process is working and, more importantly, it allows us to compare our performance after changes are made to the process.

Analyze

The main goal of the analyze phase is to identify what problems or factors are adversely affecting the process. If we are experiencing long gaps between the onset of cardiac arrest and the initiation of CPR, we need to ask why. Potential causes include poor recognition of cardiac arrest, a low number of bystanders trained or who are willing to perform CPR, elderly spouses unable to follow dispatch commands, etc. At times, the list of potential problems is long, and it is during the analyze phase that the most likely causes are identified.

Improve

Once opportunities for improvement are identified, it is time to test ideas and determine which solutions provide significant positive change. When developing potential solutions to be implemented and evaluated, we must be sure to consider the practical aspects of the proposed changes. How long will it take to put the ideas into effect? How much will it cost? What resources will we need and what is available?

Evaluate the results in an objective manner. Were improvements noted and, if so, to what extent? If we do not achieve the anticipated results, try something else. Add another component and re-evaluate. If changes brought improvement, advocate for their incorporation on a larger, more full-time scale.

Control

During the control phase, we will develop steps to prevent performance from deteriorating. Development of a way to monitor performance over time and address how to make sure those improvements are sustained over time.

Plan Goals

The LPEMS Continuous Quality Improvement (CQI) Program will monitor, review, evaluate, and improve the delivery of prehospital care services. The Quality Improvement Plan strives to create a culture of quality within our organization, to this end, our organizational goals are:

1. To create a culture of quality in which all providers engage in evaluation and process improvement on personal, organizational and system levels.
2. Alignment of providers within the organization towards providing excellent patient care.
3. To define minimum and expected standards which we strive to achieve on an organizational level.
4. Provide useful and applicable training and education initiatives.
5. Provide the tools, equipment, and resources to our providers in achievement of high-quality care.
6. Determined focus on providing support and education rather than discipline or punishment.
7. Change leadership paradigms from being responsive and giving negative feedback to being proactive, offering guidance and leading into the future.
8. Build systems which support providers in good decision making and excellent patient care.
9. Create an environment in which providers are not afraid to bring forward deviations from SOG's.
10. Invest in provider's achievement of long- and short-term goals.
11. Remove barriers to provider's taking initiative and pride in organizational improvement and development.