QA Made Easy
ADM-106

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- **DEFINITION:** Total Quality Management (TQM) is a comprehensive and structured approach to organizational management that seeks to improve the quality of products and services through ongoing refinements in response to continuous feedback.

Virginia Regulation Definition

- "Quality management program" or "QM" means the continuous study of and improvement of an EMS agency or system including the collection of data, the identification of deficiencies through continuous evaluation, the education of personnel and the establishment of goals, policies and programs that improve patient outcomes in EMS systems.

Objectives

- What do we really have to do?
- What it isn't
- What it is
- Why do we do it?
- Why don't we do it?
- Why we should do it
- How do we do it?

What do we really have to do?

- **12 VAC 5-31-600. Quality management reporting.**
- An EMS agency shall have an ongoing Quality Management (QM) Program designed to objectively, systematically and continuously monitor, assess and improve the quality and appropriateness of patient care provided by the agency. The QM Program shall be integrated and include activities related to patient care, communications, and all aspects of transport operations and equipment maintenance pertinent to the agency's mission. The agency shall maintain a QM report that documents quarterly PPCR reviews, supervised by the operational medical director.

12 VAC 5-31-950. Disclosure of patient information.

5. To provide continuing medical education of EMS personnel who provide the care or assistance when patient identifiers have been removed

What it's not!
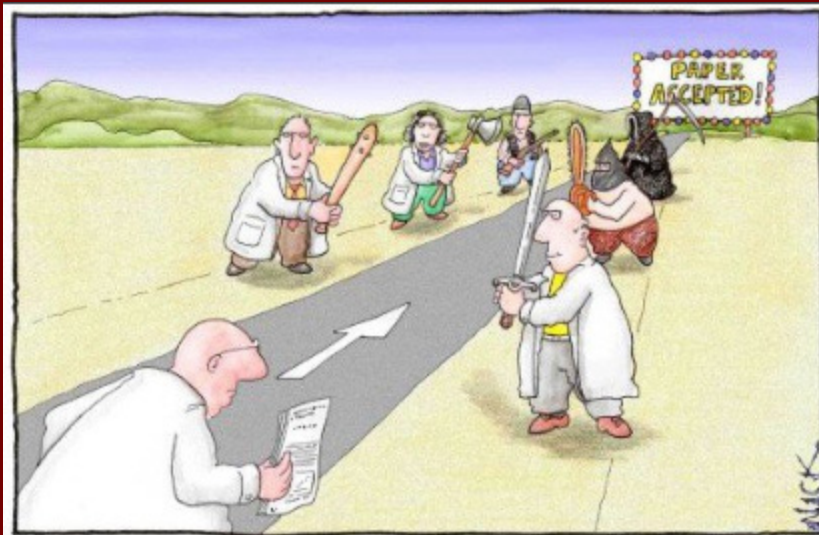
Most scientists regarded the new streamlined peer-review process as 'quite an improvement.'

What it's not !

- Head Hunt
- Let's fill in all the blocks

What it is (should be)

- Peer Review
- Skills Review
- Evaluation
- Unbiased
- Data Collection
- Billing Information

But most importantly!

A tool to improve the manner in which we provide patient care.

Why do we do it?

- Because the State says we have too.
- Because our OMD says we have too.
- If we don't we can't get Grant money
- To keep our job
- Rarely- because we want too
- Even more rarely- because I like my EMS rep and want to make him happy.

Why don't we do it

- We don't have time
- It's boring
- I can't get anyone to help with it
- It makes people mad at me
- Nobody wants to see their mistakes
- Nobody listens anyway
- We don't need too

- Afraid
- I don't know what I'm supposed to look at (for)
- I don't know how

My favorite

- We're just a bunch of Volunteers!

If you don't have time to do it right,

Where will you find the time to do it over!

Why we should do it

- Access Patient Care
- Access Training Needs
- Access Equipment Needs
- Re-Education (Everyone learns)
- Identify Trends
- Billing
- The regulations require it

- Reports to OMD / Local Government
- People want it.
- Other

How do we do it?

- Determine what is required
- Determine who will do it
- Determine how "we" do it- Process, not event.
- How do we give feedback
- How do we get feedback
- Get your OMD involved
- Regional Programs

What's required?

- **12 VAC 5-31-600. Quality management reporting.**
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Who's going to do it?

- Group or individual (group-how many)
- Agencies together
- Knowledgeable (of what?)
- Unbiased
- OMD
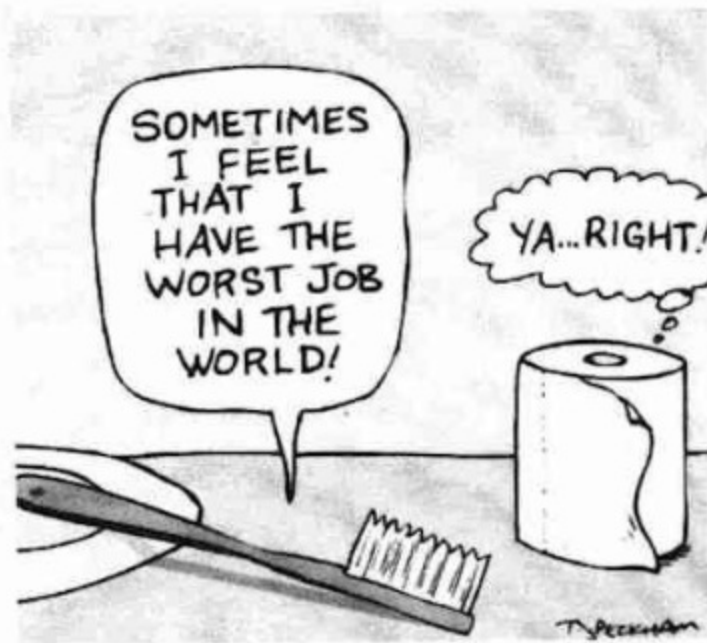
How do "we " do it?

- Select Committee- 3 people
- Develop Policy
- What are the constants?
- What are the variables?
- What calls do we review- All, Random, Types
- What types should always be reviewed- Cardiac arrest, Intubations, RSI, DOA, Complaints, Refusals
- Forms

Samples

Quality Assurance Report

- **Month**, **Year**
- **Quarter Number**
- **Incident Number(s)-**Indicate the incident number from the Patient Care Report
- **Date of Incident(s)-** Indicate the date on which the call(s) occurred

Nature of Call- Give a brief overview of the call including the patients chief complaint, brief medical history, critical patient care interventions, and the destination of the transfer of treatment for the call(s) referenced in the report.

Positive Interventions and Documentation- Explain the positive aspects of the Patient Care Report. Comment on the narrative, procedures, and other qualities of the report that indicate excellent patient care and adequate documentation.

Negative Interventions and Documentation- Explain the negative aspects of the Patient Care Report. Comment on any missing or unclear information in the narrative. List any unperformed patient care procedures, if any, and note the reason why the procedure should have been done and note any other critical information that is missing from the Patient Care Report.

Typical Monthly Trends:

While every call report may not be listed in detail on the quality assurance report, the evaluator must give a general idea of the typical trends in patient care and documentation for that month.

Feedback
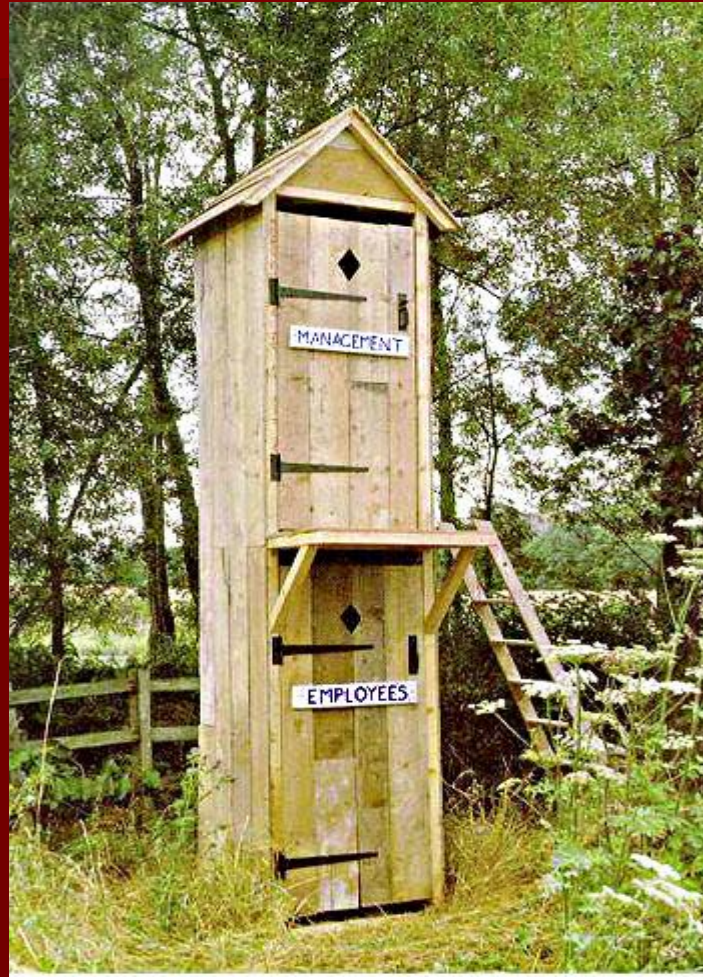
Feedback

- Change is best achieved by POSITIVE feedback

- Seldom achieved by negative feedback alone

- Feedback to providers should primarily focus on system performance whenever possible

- This practice educates providers (the entire group)
- Less of a punitive perception
- Individuals who perform in keeping with established goals deserve frequent and sometimes public recognition.
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Nottoway County Emergency Squad

Patient Satisfaction Survey

For over fifty years, the volunteers of Nottoway County Emergency Squad have served the citizens of Nottoway County by providing high-quality pre-hospital patient care. We continuously strive to improve our services. We would like your feedback or comments concerning the care received by you or your family members. We will use this confidential information in our quality review process to enhance patient care.

1. The ambulance crew was courteous and professional.   Yes   No
   Comment:

2. The attendant explained to me their treatment procedures.   Yes   No
   Comment:

3. I was completely satisfied with the care provided.   Yes   No
   Comment:

4. The attendant explained the billing procedure.   Yes   No
   Comment:

5. I felt comfortable with the ambulance crew.   Yes   No
   Comment:

6. How can we improve our service?

7. Name of provider _____

   Comment _____

Date of service:_____   Name _____

*The Nottoway County Emergency Squad thanks you
for taking the time to help us serve you better.*