



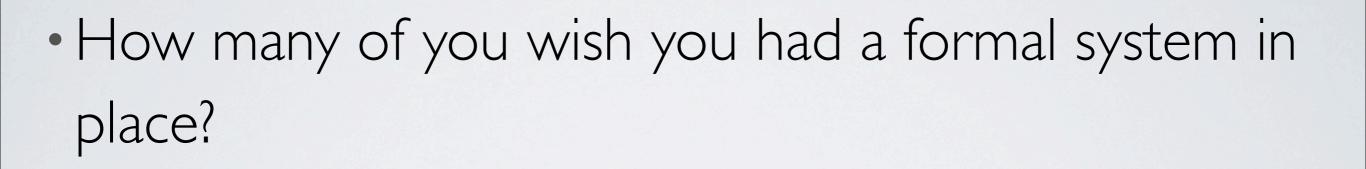


# QUALITY ASSURANCE... QUALITY MANAGEMENT SYSTEM

What are you doing in your agency?

## OBJECTIVES

- Define QA
- Define QMS
- Issues, we all have them
- Data collection and analysis



How many of you have a system in place?

Just remember

EVERYTHING

is not as it appears

# DOESTHIS SOUND OK?

The patient was fully immobilized on a long back board with towel rolls and cervical collar in place...



## QAVS. QMS

What is the difference?



# So who is actually reviewing your run report, PCR, or ePCR?

## WHY?

- Is this really necessary?
  - Legally
  - Ethically
  - Morally

# WHY SHOULD WE REVIEW ANYTHING?

- Review reports
- Check boxes
- Find Errors
- Punitive
- Progressive discipline



## OUR HISTORY...THEN

- Quality Assurance Committee
  - Established by our OMD in the early 80's
- EMS Supervisors
- Peer reviewers
- Paper system with 100% compliance



## OUR HISTORY...NOW

- Quality Management System Committee
  - · OMD
  - Chiefs
  - EMS Supervisors
  - Peer reviewers
  - ePCR system with 100% compliance



## PAPER OR PAPERLESS...

Corporate Express 19-86119-01 MTS 12 To recrise call 805-957-0009	Patient Care Report
SERVICE NAME: prince rent)  Control of the leaders	
Service #:         Unit #:         Incident #:         Pt. Record #:           Date of Onset:         / / Date Unit Notified:         / / Run Report Date:         / /	Crash #: Trauma ID #:
Dispatched For:	
TIMES (MILITARY) PATIENT INFORMATI Dispatch Time Left (Led Nerve) (Find)	ON (M)
Notified: ; ; Scene: ; ;	Unknown Patie
	U UNKNOWN Path
	Patient Information
Minutes For Response: 911 No Time of Injurylliness: Gender M 1 F2 Use 3 SISNAF	Patient Number
Minufas Af Scene:   Strickly   Slace   0 Other, including multi racial   0 Other   1 White   1 White   1 Stace   1 S	Last Name
Minutes For Transport: 1 Hapanic 2 Back Chief Complete: 1 Injurylifness Nemather:	First Name
Part Medical Hebroy: Pertinent Friedrigs on Physical Essen:	
Allergies: Patient Medicalizas:	Middle Name
Emerg. Med. Care Given: Patient Response to Sinery, Med. Care:	⊢ Patient Residence
Provider Increasion: - Select one	
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Alway Obstruction Oxed Palry Discontont (hyporolamia Psychiatric Discretier Alloged Sensel Assault Disbutic Symptoms (hybridation Injury (Toxic Gar) (Respiratory Ament	Address, Cont.
Alargic Flanction   Dischocution   Not Applicable   Responsive Districts   Alared Level of Correctourness   Hyperthernia   Christop Death   Seizure	City
Behavioral Decreter   Physophysania   Other   Decis.     Gardiac Arrest   Physophysania (Dease)   Potenting/Drug Ingeston   Stroke Inhalation	
Mutual Aid EMS Tier Dealination / Transferred To MODE OF TR	State
☐ Thed Wing ☐ Ground ☐ Nor	County
Closed Facility   DESTINATION DETERMINATION/OUT OF HOSPITAL TRIAGE CRITERIA   Diversion   Destination Determination   Destination Destination   Destination   Destination Destination   Destination	Country
Fereity Onics   Not Applicable   Indiced Onics   Operately Resource Center     User Enforcement Onics   On-Line Medical Direction   Indiced Physician Onics   Insure Triage (Restoray of Injury)	
CLINICAL INFORMATION	☐ Primary Physician =
Time SP PLACE RESP TEMP CO Eye Serb Maker Total Resp SP GCS Total Resp SP GCS Total Resp SP GCS Total T Serbed Resp SP GCS T Serbed Resp SP GCS Total T Serbed Resp SP GCS T Serbed Resp S	Last Name
/ I States	Last Name
	First Name
/	First Name Middle Name
/	Middle Name
	Filst Name
Parameter   Para	Middle Name
Composed	Middle Name
Particular   Par	Middle Name Phone Number
Particular	Middle Name Phone Number
Production   Pro	Middle Name Phone Number
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See Opening   Verbal Compound	Middle Name Phone Number  Print  Mar  Print  Mar  CLIMNS  To first rights climated formula at the Reddistre
Dyn Opening   Verbal Compound   Glassest Come Such (GCS Value)   To print vi	Middle Name Phone Number  Print  Mar  Title depter charact  Title depter charact
Projecting   Vector Component   Simple Component	Print Marie  Phone Number  Print Marie  Print Marie  ST Designation  ST Designation  Well. Refinition

## OPPORTUNITIES OR ISSUES?

- Provider documentation
- Financial support
- Education
- Training

## WHO'S INTROUBLE NOW?

- QMS Grading System
  - Self reporting
  - Committee consensus recommendation

### **QMS** Grading Criteria

- D Documentation issue
- 0 No issue
- I Protocol Deviation, without harm
- 2 Protocol Deviation, with potential for harm
- 3 Protocol Deviation, with documented harm

## POSITIVE RECOGNITION

### Call of the Quarter Award Program







#### **Emergency Medical Services Council**

City of Alexandria, Virginia

Office of the Chair: Pamela Copley, PO Box 320608, Alexandria, Virginia 22320 Tel: (703) 909-4168 Fax: (703) 684-7476 E-mail: <a href="mailto:PvonGruber@aol.com">PvonGruber@aol.com</a>

For immediate release: March 27, 2008

### Six Alexandria Medics and Firefighters Receive EMS Council Awards

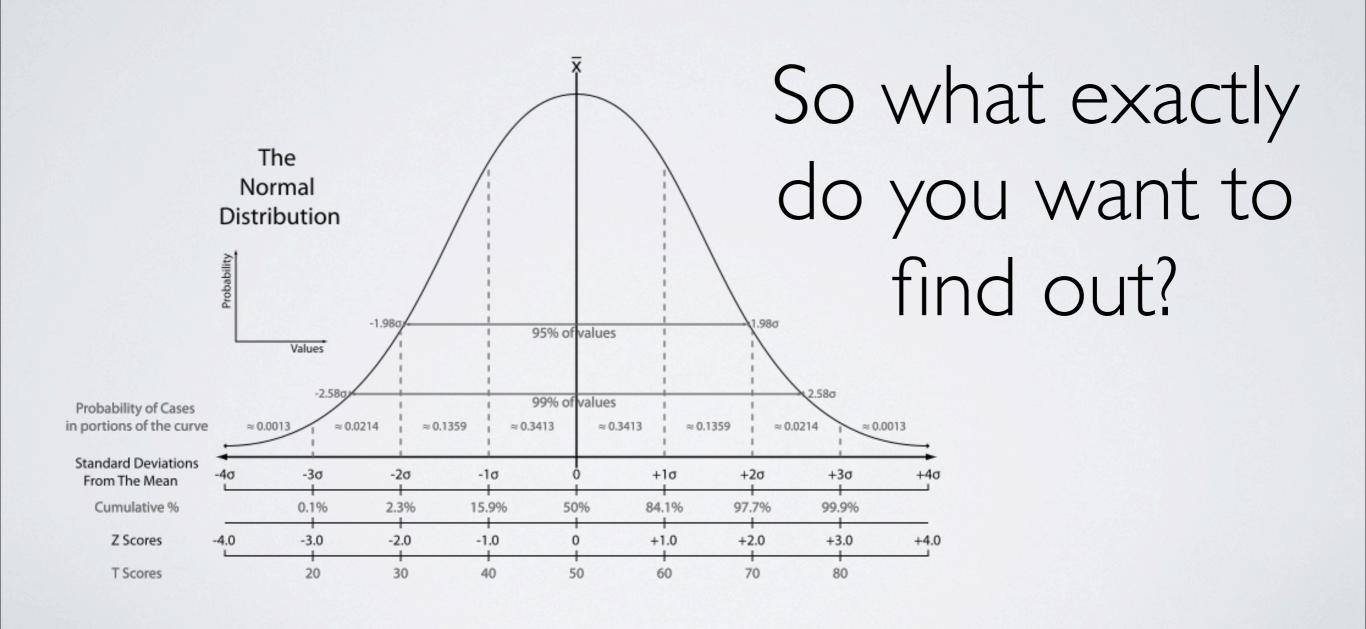
Six Alexandria medics and firefighters were awarded the Alexandria Emergency Medical Services Council's "Call of the Quarter" honors on March 24, 2008, in a ceremony at Inova Alexandria Hospital. The six men used exceptional skill, teamwork, and judgment under great pressure to save the life of a 67-year-old man injured in a one-car accident late in 2007.

## HIGH RISK CALLBACK PROGRAM

- One dedicated person calls those identified as high risk refusal to see how they are doing
- All that have been contacted have been appreciative
  - Low cost with big rewards

## STATISTICS

DO NUMBERS REALLY MATTER?

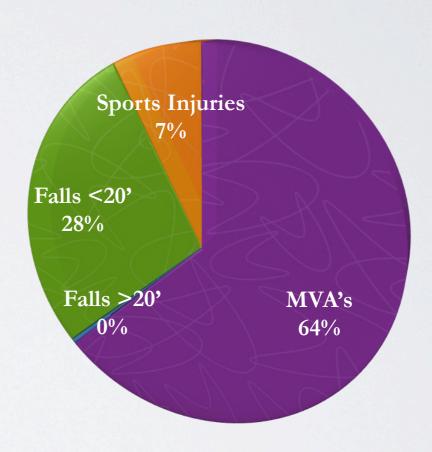


## INFORMATION OVERLOAD

- What to ask
- Why to ask
- How to ask
  - Examples: intubation, IV's, IO's



- What are your definitions?
- How do you pull the data?
- What do the numbers mean?
- Identify trends
- Community risk reduction



## PROBLEMS

- HIPAA
- Provider attitude
- Organizational culture
- Provider education
- System needs



## MAKING THINGS BETTER...

- Regional Performance Improvement Committee
- Training
- www.alexandriava.gov/patientsurvey

## PATIENT SATISFACTION SURVEY

#### Fire Department Patient Survey Form

The City of Alexandria Fire Department is committed to providing a high quality emergency and non-emergency services. We would appreciate if you would take time to answer a few questions about your recent experience with our department. It is our goal to constantly monitor and seek opportunities to improve the service we deliver and your feedback is critical for us to meet our goal.

DATE OF SERVICE: (mm/dd/yyyy)





	Completely Disagree	Disagree	Neither Agree nor Disagree	Agree	Completely Agree
The emergency personnel appeared professional in appearance.	0	0			
The emergency personnel arrived in a timely fashion.	0	0	0	0	0
The emergency personnel took away my pain.	0	0	0	0	0
My family/caregiver was kept informed of what the emergency personnel were doing and where they were taking you.	0	0	0	0	0
	Unacceptable	e Poor	Adequate	Good	Excellent
5. Finally, how would you rate your overall impression of the quality of the care you received?	0	0	0	0	0

### **ALEXANDRIA FIRE DEPARTMENT**

Patient Survey Card Medic207



**SURVEY CODE** 



We are committed to providing excellent patient care.

Please take our Patient Satisfaction Survey at

www.alexandriava.gov/PatientSurvey

To obtain a copy of your patient care report, please contact the Alexandria Fire Department at 703.746.5253

The Alexandria Fire Department is dedicated to our community, our profession and each other

## THE FUTURE

- What do we have
- What do we need
- How do we make it happen



Are you ready to take the plunge

