DATE: September 5, 2014

TO: Honorable Members of the Public Safety Committee:
Sheffie Kadane (Chair), Adam Medrano (Vice-Chair), Dwaine Caraway, Jennifer S. Gates,
Sandy Greyson, Scott Griggs

SUBJECT: Quality Management Program

On Monday, September 8, 2014, you will be briefed on the Quality Management Program.
The briefing materials are attached for your review.

Charles M. Cato
Interim Assistant City Manager

Attachment

cc: Honorable Mayor and Members of the Dallas City Council
   A.C. Gonzalez, City Manager
   Rosa A. Rios, City Secretary
   Warren M. S. Ernst, City Attorney
   Craig D. Kinton, City Auditor
   Daniel F. Solis, Administrative Judge
   Ryan S. Evans, First Assistant Manager
   Jill A. Jordan, P. E., Assistant City Manager
   Mark McDaniel, Assistant City Manager
   Forest E. Turner, Assistant City Manager
   Joey Zapata, Assistant City Manager
   Theresa O’Donnell, Interim Assistant City Manager
   Jeanne Chipperfield, Chief Financial Officer
   Sana Syed, Public Information Officer
   Elsa Cantu, Assistant to the City Manager – Mayor & Council

“Dallas - Together, we do it Better”
Quality Management

Program

Public Safety Committee

September 8, 2014
Purpose

- Establish a program where all paramedics are evaluated for completeness and accuracy in patient care documentation and clinical care.

- It is the policy of the Dallas Fire-Rescue Department to strive for excellence in patient care as reflected in the documentation of patient care reports.
To Ensure:

• Effective, efficient and timely emergency patient care
• Identify the needs of the pre-hospital care providers
• Competence of all practitioners
• Responsiveness to perceived care needs
• Continuous, multi-faceted evaluation of the EMS process
• Compliance with all state and local policy requirements
• Professional accountability through participation in QI activities
• Administrative commitment and support for QI activities
• Monitoring of the process and outcome of patient care
• To improve the medical knowledge and skills of DFR personnel
• To provide institutional structure and organization to promote continuous QI and clinical risk prevention
EMS Quality Management Team

- Quality Management Team consists of the following:
  - Assistant Chief of EMS
  - EMS Deputy Chief
  - Medical Director
  - EMS Section Chief
  - EMS Quality Management (QM) Captain
  - EMS QM Lieutenant
  - EMS QM Coordinator - Civilian
  - EMS Field Supervisors

- Coordinates activities with all levels of field personnel
EMS Quality Management Team

Determines goals, sets policies and implements the Quality Management Plan (QMP):

- Participates in the development of EMS policies, treatment guidelines, operational protocols and training initiatives
- Investigates clinical and operational inquires from internal and external stakeholders
- Tracks operational and clinical performance through reviewing EPCRs for compliance with the Standard of Care
- Maintains, compiles and aggregates data which tracks all DFRD paramedics, Rescues, treatments, customer service and documentation compliance issues
- Identifies outstanding performance deserving of recognition.
Quality Improvement
Process

• **Prospective**
  – Monthly Continuing Medical Education (CME) courses in targeted training areas

• **Concurrent**
  – Field Officers who directly observe patient care, give immediate feedback, provide training and notification of system changes

• **Retrospective**
  – Thorough review of past data from monitors, AED’s, hospital records, EMS dispatch, response time, run volume data and Electronic Patient Care Records (EPCR)
Run Review
Procedures

- QM Team currently reviews up to 500 runs per month, 3%-5% of all patient contacts
- Billing and clinical categories are reviewed for compliance:
  - Demographic information
  - Signs and Symptoms
  - Vital Signs
  - Proper Treatments
  - Appropriate documentation
Run Review Procedures

• Electronic Patient Care Reports (EPCR) are randomly selected from the EPCR administration site

• Scored by using a billing and clinical QM checklist

• Data collected is entered into a database for tracking and analysis

• Feedback is provided to the field paramedic and their EMS Field Supervisor
QM Checklist

• Point total developed for reviewing EPCRs
• 20 points are considered a perfectly documented EPCR
• 10 points or less are routed to EMS Field Supervisor to review with the responsible paramedic
QM Access Database

PCR Documentation QM Billing and Clinical

Billing Score Sheet

Full Patient Name
Date of Birth
Social Security Number
Patient Address
Chief Complaint
Patient Symptoms
Patient History
Medication
Allergies

Full Patient Name
Date of Birth
Social Security Number
Patient Address
Chief Complaint
Patient Symptoms
Patient History
Medication
Allergies

Total Score: 20

20 = Perfect Score

Documentation Review Disposition

MEETS STANDARDS

Dallas Fire-Rescue Department
Emergency Medical Service Guidelines

Clinical Care Met
DPR/UTSW
Guidelines for Pt Care

If Transport refused, was Patient/Parent
Signature obtained

PCR Documentation QM Billing and Clinical

Employee Number Query
Zone and Shift Query
Report by Employee
Report by QM ID
Zone and Shift Query

Table Documentation
Emp = Query
Evaluator Name Query
New Data Entry Form
Report by EMP #

Unrelated Objects

Incident #
Date of Service
Rescue #
Shift
Medic 1 Last Name
Medic 1 First Name
Medic 1 Emp #
Medic 2 Last Name
Medic 2 First Name
Medic 2 Emp #
Field Supervisor
Reviewed By

10
Feedback to Paramedics

• The EMS Field Supervisor will review the run with the Paramedic to commend, coach, counsel and/or educate to achieve future compliance

• For performance above and beyond expectations, the paramedic will receive a Letter of Exemplary Performance, if warranted

• The QM team may also send Review forms directly to affected paramedic’s stations via inter-office mail
Targeted Improvement Needs

- The QM Database allows for statistical information usage/guidance in future documentation and clinical issues/training modules
- Helps target areas of improvement needing focused attention:
  - E.g.; deficiencies gathering demographics, signatures, deficient skills delivery or clinical care issues
- Individual paramedic history regarding strengths and deficiencies
# Improvement Stats

## Improvement Stats Overview

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<td><strong>DOB</strong></td>
<td>99.81%</td>
<td>99.93%</td>
<td>86.88%</td>
<td>99.70%</td>
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<td><strong>SSN</strong></td>
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<td><strong>Patient Signature</strong></td>
<td>95.78%</td>
<td>94.08%</td>
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## Total Reviewed

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<td>662</td>
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<td>163</td>
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<td>90</td>
<td>96</td>
<td>85</td>
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Overall Goal of QM Process

• QM process is not intended to be a punitive process.

• Training, coaching and mentoring process is followed in order to improve the quality of care and documentation delivered by the individual paramedic.

• Repeated non-compliance will result in utilization of progressive discipline process to correct deficient service delivery.
Questions?