Memorandum



DATE: October 9, 2015

Honorable Members of the Public Safety Committee:
Adam Medrano (Chair), B. Adam McGough (Vice Chair), Sandy Greyson, Tiffinni A. Young,
Jennifer S. Gates, Philip T. Kingston

SUBJECT: Quality Management Program

On Monday, October 12, 2015, the Public Safety Committee members will be briefed on the Quality Management Program. The materials are attached for your review

Eric D. Campbell

Assistant City Manager

Attachment

c: Honorable Mayor and Members of the City Council A.C. Gonzalez, City Manager Warren M.S. Ernst, City Attorney Craig D. Kinton, City Auditor Rosa A. Rios, City Secretary Daniel F. Solis, Administrative Judge Ryan S. Evans, First Assistant City Manager

Ein & Campbell

Jill A. Jordan, P.E., Assistant City Manager Mark McDaniel, Assistant City Manager Joey Zapata, Assistant City Manager Jeanne Chipperfield, Chief Financial Officer Sana Syed, Public Information Officer Elsa Cantu, Assistant to the City Manager – Mayor & Council



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

Goals



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 QM activities
- Administrative commitment and support for QM 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 QM and clinical risk prevention

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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 all clinical and operational inquires
- Tracks operational and clinical performance through reviewing EPCRs
- Maintains 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



- Dallas Fire-Rescue Department makes 17,000 runs per month and the QM Team reviews up to 600 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



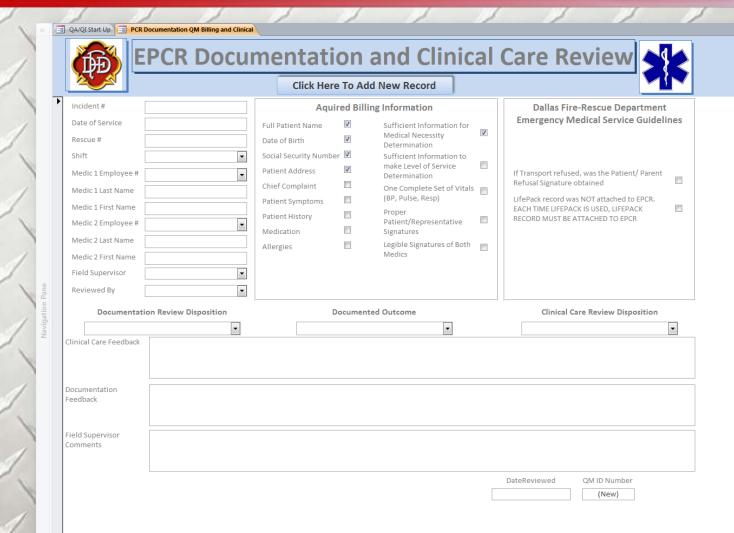
- Electronic Patient Care Reports (EPCR) are randomly selected from the EPCR administration site
- Graded by using a billing and clinical QM checklist
- Data collected is entered into a database for tracking and analysis
- Feedback is provided to the field paramedic and their EMS Field Supervisor

QM Checklist



- The checklist was developed for reviewing EPCRs
- EPCRs are checked for
 - Completeness and accuracy of documentation
 - Correct clinical care and application of proper treatment guidelines
- Substandard EPCRs are noted and given to EMS Field Supervisor to review with the responsible paramedics

QM Access Database

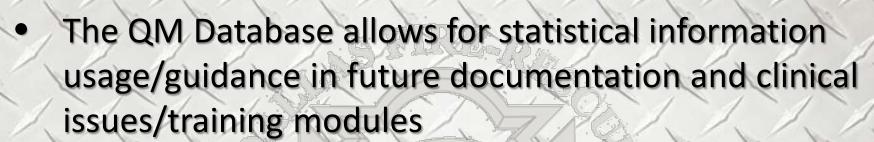


Feedback to Paramedics



- The EMS Field Supervisor will review the run with the Paramedic to commend, coach, counsel and/or educate as necessary
- 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 internal mail

Targeted Improvement Needs



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



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

Future Steps



- Projected healthcare reform initiative impacts
 - Change from fee-for-service to value-based (performance) reimbursement model
 - Customer satisfaction component
- Business Technology Request (BTR) for software that can/will monitor 100% of patient care reports
 - Adherence to treatment guidelines
 - Appropriate level of clinical care
- Request For Proposal (RFP) for electronic data exchange
 - Monitoring patient outcomes
 - Comparison to treatment guidelines

