Memorandum

CITY OF DALLAS

DATE: May 22, 2015

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 Tuesday, May 26, 2015, you will be briefed on the Quality Management Program. The briefing 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

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

Quality Management Program

Public Safety Committee

May 26, 2015

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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 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

Quality Management 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

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Quality Management Access Database

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 internal mail

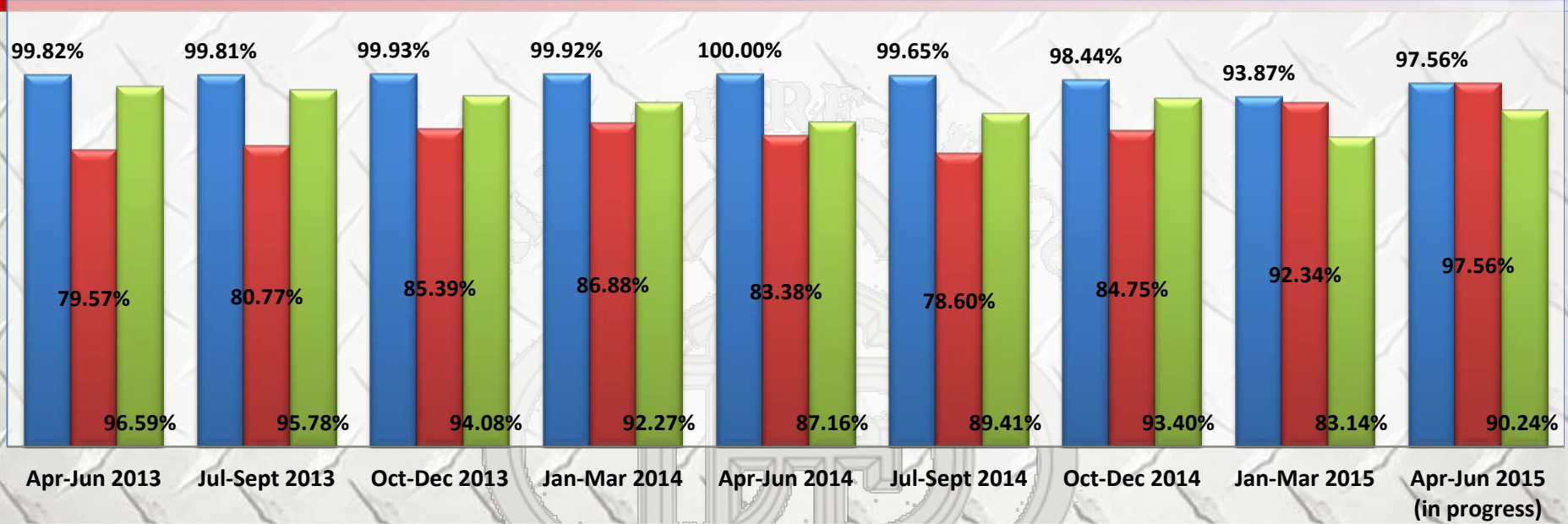# Targeted Improvement Needs

- 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

	Apr-Jun 2013	Jul-Sept 2013	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sept 2014	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015 (in progress)
DOB	99.82%	99.81%	99.93%	99.92%	100.00%	99.65%	98.44%	93.87%	97.56%
SSN	79.57%	80.77%	85.39%	86.88%	83.38%	78.60%	84.75%	92.34%	97.56%
Patient Signature	96.59%	95.78%	94.08%	92.27%	87.16%	89.41%	93.40%	83.14%	90.24%

	TOTAL REVIEWED	DOB	SSN	Patient Signature
Apr-Jun 2013	558	557	444	539
Jul-Sept 2013	1066	1064	861	1021
Oct-Dec 2013	1519	1518	1297	1429
Jan-Mar 2014	1242	1241	1079	1146
Apr-Jun 2014	662	662	552	577
Jul-Sept 2014	869	866	683	777
Oct-Dec 2014	833	820	706	778
Jan-Mar 2015	261	245	241	217
Apr-Jun 2015 *in progress*	41*	40*	40*	37*

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Overall Goal of Quality Management 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

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Future Steps

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

Questions?