

Memorandum



CITY OF DALLAS

DATE: October 9, 2015

TO: 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

A handwritten signature in cursive script that reads "Eric D. Campbell".

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

October 12, 2015



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

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 inquiries
- 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 EPCR's
- EPCR's are checked for
 - Completeness and accuracy of documentation
 - Correct clinical care and application of proper treatment guidelines
- Substandard EPCR's are noted and given to EMS Field Supervisor to review with the responsible paramedics



QM Access Database



QA/QI Start-Up PCR Documentation QM Billing and Clinical

EPCR Documentation and Clinical Care Review

[Click Here To Add New Record](#)

<p>Incident # <input type="text"/></p> <p>Date of Service <input type="text"/></p> <p>Rescue # <input type="text"/></p> <p>Shift <input type="text"/></p> <p>Medic 1 Employee # <input type="text"/></p> <p>Medic 1 Last Name <input type="text"/></p> <p>Medic 1 First Name <input type="text"/></p> <p>Medic 2 Employee # <input type="text"/></p> <p>Medic 2 Last Name <input type="text"/></p> <p>Medic 2 First Name <input type="text"/></p> <p>Field Supervisor <input type="text"/></p> <p>Reviewed By <input type="text"/></p>	<p style="text-align: center;">Aquired Billing Information</p> <p>Full Patient Name <input checked="" type="checkbox"/></p> <p>Date of Birth <input checked="" type="checkbox"/></p> <p>Social Security Number <input checked="" type="checkbox"/></p> <p>Patient Address <input checked="" type="checkbox"/></p> <p>Chief Complaint <input type="checkbox"/></p> <p>Patient Symptoms <input type="checkbox"/></p> <p>Patient History <input type="checkbox"/></p> <p>Medication <input type="checkbox"/></p> <p>Allergies <input type="checkbox"/></p> <p>Sufficient Information for Medical Necessity Determination <input checked="" type="checkbox"/></p> <p>Sufficient Information to make Level of Service Determination <input type="checkbox"/></p> <p>One Complete Set of Vitals (BP, Pulse, Resp) <input type="checkbox"/></p> <p>Proper Patient/Representative Signatures <input type="checkbox"/></p> <p>Legible Signatures of Both Medics <input type="checkbox"/></p>	<p style="text-align: center;">Dallas Fire-Rescue Department Emergency Medical Service Guidelines</p> <p>If Transport refused, was the Patient/ Parent Refusal Signature obtained <input type="checkbox"/></p> <p>LifePack record was NOT attached to EPCR. EACH TIME LIFEPACK IS USED, LIFEPACK RECORD MUST BE ATTACHED TO EPCR <input type="checkbox"/></p>
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Documentation Review Disposition

Documented Outcome

Clinical Care Review Disposition

Clinical Care Feedback

Documentation Feedback

Field Supervisor Comments

DateReviewed

QM ID Number

 (New)

Navigation Pane

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



- 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



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



Questions?